MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13089

CERTIFICATE OF DEATH

13093

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission)
	0	o. COUNTY Wicomico MARYLAND	o. STATE Maryland b. COUNTY Wicomico
	ŀ	b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 1b	c, CITY OR TDWN (If autside carparate limits, write RURAL and give nearest tawn)
		write RURAL and give nearest tawn)	Salisbury
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
0			Rt. 5 Marine Road ON A FARM?
1	2 8	Peninsula General Hospital NAME OF First Middle	
1		DECEASED // / Dealer IImahaan	Address A. DATE Month Day Year OF
1	5. 5		HAKINS DEATH DEPTEMBER 1967 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	3: 3	T. T L. L.	lost birthday) Manths Days Hours Min.
	//	III/E	June 26,1907 60 vis.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDITISTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	uoin	roreman Poultry Plant	Maryland USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Cephus Adkins	Lucy Pruitt
1	15.	WAS DECEASED EVER IN U.S. ARMED FOR CES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address
	(Yes	s no ar unknown) (If yes give war ar dates of service) 216-14-2785 Mg	rs. Beatrice N.Adkins Same as #2
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
;		PART I. DEATH WAS CAUSED BY:	Chroses AND DEATH
		5810 IMMEDIATE CAUSE (a) THE OCTU	
		Conditions, if ony, which gave) (b)	
		rise to immediate cause (a), (DUE TO	
		storing the underlying cause	
		last. (c)	THE TERMINAL DISEASE CONDITION CIVEN IN PART 1/4)
2	NO		PERFORMED?
4	CAI	Conf. Heart Parley Cur	nee Estables Thursday NE 10 18
	CERTIFICATION	206. ACCIDENT WAS JUNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nothere of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
	ME	Haur a.m. 19 While Nat While of work at work	ary, street, affice bldg., etc.)
		21. I certify that (I) (this haspital) attended the deceased fram_	9 / 19 ta / / (19 that (1) (we) last
		saw the deceased alive an 9/10 1967, and tha	t death accurred at 1252 M, from causes and an the date stated above.
		220. SIGNAPORE	22b DATE SIGNED
		Told Villes MI	D. ATTENDING MED. DIRECTOR DIPHYS. DILL LEGATED
		22c. PHYSICIAN'S	22d. ADDRESS
1		NAME (Type)	
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)
		Parsons Cen	netery Salisbury, Md.
	24	FUNERAL DIRECTOR	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	2.44		1d. DATE SEP 14 1967 yellarles yusge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 72 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon against. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH TRADA

				3 (1 2) 25							
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased livad, If institutions b. COUNTY	Residence before edmission)							
Wicomico	MARYLAND	Mary		comico							
b. CITY OR TOWN (if outside corporete		c. CITY OR TOWN	If outside corporate limits, write RURAL ar								
write RURAL and give nearest town)		Salis	bury	32-/							
d. NAME OF HOSPITAL OR INSTITUTION	N (if not in hospital, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE							
821 Camden A		821 0	Camden Avenue	YES NO N							
	First Middle	Lest	4. DATE Month	Dey Yeer							
	VING	BAKER	DEATH September	18 19 67							
5. SEX 6. COLOR OR RA	ACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER lest birthday) Months								
Male White	WIDOWED DIVORCED	July 1, 1898	69 ув.	Deys Hours Min.							
10a. USUAL OCCUPATION (Give kind of a done during most of working life, even if a	work 10b, KIND OF BUSINESS OR INDU:	TRY 11. BIRTHPLACE (Cou	nty & State, or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY							
Retired Merchant	Clothing	Russia		JSA							
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME								
Isaac Baker		Fannie Rop	eka								
15. WAS DECEASED EVER IN U.S. ARMED (Yesynosor unkown) (Ifyessive war ordete: War I	sofservice) 16. SOCIAL SECURITY NO. 17	Mrs. Lee K. 821 Camden A	Baker (Wife)	yland							
18. CAUSE OF DEATH Enter only	one cause per line for (a), (b), end (c).]			INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY	(e) Acute Myor	andio la	factine	ONSET AND DEATH							
IMMEDIATE CAUSE	7			-							
	Conditions, if any, which > (b) Cononace anterioselerosis.										
Conditions, if any, which	(b) Goronace	an terrover e	10010								
gave rise to immediate cause (a), stating the underlying	10										
cause lest.	(c)										
PART II. OTHER SIGNIFICANT CO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES \ \ \ NO \ \PART NO \ \P										
20e. ACCIDENT WAS UNDERLYING	1 206. DESCRIBE HOW INJURY OCCU	RED. (Enter neture of injury in	Part I or Pert If of item 18.)								
OR CONTRIBUTING CAUSE OF DEA	ATH										
		PLACE OF INJURY (Home, fer	m, * 20f. (City or town) (Co	unity) (Stelle)							
20c. TIME OF INJURY Month, Day Hour a.m.		ectory, street, office bldg., et		(2,010)							
₹ p.m.	19 et work at work										
21. I certify that (I) (this he	ospital) attended the deceased fro	n May 17	1967 to 9-18, 19	Ca.Z that (I) (wo) ta							
saw the deceased alive_on	9-16- 19.6 7and 1	at death occurred and	ALM, from the causes and on	the date stated above							
22a. SIGNATURE	1 /	2		22b. DATE							
(/ prese	1/2/ Older	M.D. PHYS.	MED. STAFF	pt. 18 /1967							
22c. PHYSICIAN'S	m' SAA	22d. ADDRESS	o o	pt. /8/196/							
ALABAT IT. A	es Clifford		Center, Salisbury,	Maryland							
		100000000000000000000000000000000000000	V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-	The state of the s							
23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)			23d. LOCATION (City, fown or cour								
Burial Sept.	19, 1967 Beth Israe		Salisbury, Maryl								
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 25b. REGISTRAR'S								
HOLLOWAY & COMPAN	NY CALTERIEV MARY	LAND DATES	EP 2 1 1981 House	the forest							

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed win 24 hours after death. Page 4

TO FUNERAL D. ACTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		20000	•	WEL	JICAL EXAMINER	2 CERTIFICATE	OF DEATH	10	1030
EALTH DEPT.		PLACE OF DEATH	Vicomico		As a Provention	a. STATE		b. COUNTY	
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Try delo			outside corporate limit give nearest tawn) Salisbury	s,	c. LENGTH OF STAY IN 16		If autside corparate limits, w Lisbury	rite KUKAL and give	nearest tawn)
2, 2 po	1	NAME OF HOSPITA	L OR INSTITUTION (If n	at in hospital.	give street address)	d. STREET ADDRESS			e. IS RESIDENCE
form farm			09 Hartwood			10	9 Hartwood D	rive	ON A FARM? YES NO
Give Pages and with far		NAME OF DECEASED		rst	Middle	Last	4. DATE OF	Manth	Doy Year
D 2 5 5		Type or print)	RICH		MMM.	BOXLER	DEATH	9-22-6	
2 × 0 00 0	S.	ale	6. COLOR OR RACE White	7. MARRIED WIDOWED	SEPRENCED	8. DATE OF BIRTH	9. AGE (In last bigth		Days Hours Min.
hin 24 haurs a noil in Item 18. niner's Office al pages 1 and 2 w urs after death.	10a duri	ng most of warking I	(Give kind af wark done ite, even if relired) SMAL		CIND OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (State or foreign country)	12. CIT	IZEN OF WHAT
e shauld be executed within 24 h the ward "pending" in pencil in It: ta the Chief Medical Examiner's O burial-transit permit. File pages Ic in any event within 72 haurs after	13.	FATHER'S NAME	PRAV	100		14. MOTHER'S MAI	DEN NAME E KINNE		
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shauld be executed wit te ward "pending" in pe a the Chief Medical Exan burial-transit permit. File 1 any event within 72 ha			ATH (Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE	C	r (o), (b), ond (c).) pronary occlus	sion			INTERVAL BETWEEN ONSET AND DEATH SUCCESS
hauld ward the Ch urial-tro any ev		4201	DUE	1 1					
sha w e w intio		Conditions, if ony,	couse (a)	(b)					
certificate sh writing the irwarded ta t ised as a bu val, and in a		stating the under		(c)					
s certificate shauld be executed e, writing the ward "pending" is farwarded to the Chief Medical used as a burial-transit permit.	VION	PART II. OTHER SIG	GNIFICANT CONDITIONS (ONTRIBUTING	TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(a)	19 WAS AUTOPSY PERFORMED? YES NO
EXAMINER: This cert ute the certificate, wri age 4 should be farwayour files. Page 3 should be used crematian, ar remaval,	CERTIFICATION	20o. EXTERNAL CAI PRIMARY ar COM CAUSE OF DEATH.		20b. D	ESCRIBE HOW INJURY OCCURRI	D. (Enter nature of injur	ry in Part I ar Parl II af item	18.}	
AMINER: the certified of the standard of the	MEDICAL	20c. TIME OF INJU Haur a.m	10	While		PLACE OF INJURY (Hame, factory, street, affice bldg.		own) (Cou	inty) (State)
.AL EXA execute ir. Page if far yar FOR: Pag					moins described obove,	held on Autopsy	A. Inspection A.	Inquiry X	ond in my opinio
CO for unial		deoth result		ol couses		uicide, Homi		ned monner	
no beputy medical EXAMIS necessary, please execute the the funeral director. Page 4 st 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 Health prior to burial, crematic		ACTUAL SIGNATURE	and!	- K			DICAL EXAMINER MEDICAL EXAMINER		22. DATE SIGNED
o DEPUTY necessary, pure funeral s may be r D FUNERAL Health prian		EXAMINER'S	Earl L. Roy		D. N	DEPUTY M	Street, city, tawn, ar caunty)	Sept.	23, 1967
the function of the function o	230	BURIAL CREMATIO			Sa Jisbury, Mc	3.8	23d. LOCATION (Ci	ty or Town)	(County) (Stale)
10 the He	450	REMOVAL (Specify)		51967	LAUREL H		,	2 DER	AWARE
VR A15ME (5)	24	. FUNERAL DIRECTO	PAYWIER		SOW ADDRESS	2Sa.	REC'D BY REGISTRAR	256 REGISTRAR'S SI	
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Division of STATISTICAL RESEARCH, AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13100 'OF DEATH 24 hours ofter death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH 6 a. STATE a. COUNTY b. COUNTY Wicomico MARYLAND SOMERSET hours ofter MARYLAND filled in by the fundamental Pages 1 b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) EDEN e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Peninsula General Hospital YES AND _ requires that the death certificate be executed within e carbon NAME OF Middle 4. DATE Manth Last Day Year and comprietely DECEASED OF BROMLE (Type or print) 19 DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED remoye last birthday) Manths Days Hours OCT. 22,1900 ond in ony WIDOWED DIVORCED 66 12. CITIZEN OF WHAT 10a USUA, OCCL PATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) physicion on please during most at working life even if retired) U.S.A INDUSTRY WESTOVER . MD. 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME or removal, OTIS signed by the ottending planting burial-transit permit. There burial, cremotion, or remove GREEN JENNIE DRYDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service JOHN.W. BROMLEY EDEN. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH APLANTIC CARCINOMA IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. DUE TO 5 me do too Canditians, if any, which gave rise to immediate cause (a). **DUE TO** stating the underlying cause loge 3 shauld be detoched for use os the filed with the State Dept. of Health prior to has been ATTENDING PHYSICIAN: The low last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20f (State) 20c, TIME OF INJURY Month, Day, Year (City or town) (County) Hour a.m. While Not While factory, street, affice blda., etc.) at work 1967 21. I certify that (1) (this hospital) attended the deceased fram. 9-12 4-16 1965 that (1) (we) last 1 % M. from couses and on the date stated above and that death occurred at saw the deceased alive an 22a, SIGNATURE DATE SIGNED 22b ATTENDING MED STAFF M.D. DIRECTOR PHYS PHYS. director, poge should be filed 22d. ADDRESS TO HOSPITAL Page 4 may b 22c. PHYS:CIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 1967 SALEM METHODIST CEM POCOMOKE CTTY REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 LEVIN R. WILSON PRINCESS ANNE. MD.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13101 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death ond unero 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY - 11 comi co a. COUNTY *Nicomico* MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) 5 days Sharptown - Rural Salisbur d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) and completely filled in ON A FARM? YES NO 5 Penincula General Hosnital NAME OF 4 DATE PENTALTN LA VRE. DRU'S. DECEASED DEATH SEPTE BROWN gvent, (Type or pont) AGE (In years S SEX 6 COLOR OR RACE 8 DATE OF BIRTH **NEVER MARRIED** remove last birthday) Davs Hours June 27, 1903 WIDOWED ond in ony 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) INDUSTRY Geor ia Package Co. Dav Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Maria (maiden name unknown) Renjamin L. Rrown, Sr. a signed by the ottending partial buriel transit permit. They buriel, cremation, or remove 16, SOCIAL SECURITY NO. 17. INFORMANT Address 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service 216-16-7504 Lula M. Brown, Laurel, Del., Box 291, RFD 3 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the hospital or attending physician Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause After this certificate has been be detached for use as the State Dept, of Health prior to last 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (State) 20d INJURY OCCURRED 20f. (City or town) (County) 20c TIME OF INJURY Manth, Day, Year factory, street affice bldg. etc.) Haur a.m. Nat While at wark 21. I certify that (I) (this has ital) attended the deceased from be retoined and that death occurred at 1112 a.M. from couses and on the date stated above sow the deceased olive on 22g. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Sept. 9. Mt. Nebo Cemeterv Near Delmar De Laur 2Sq. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR DATE SEP Federalsburg, Maryland 20 M 1/66. ramptom and Son.



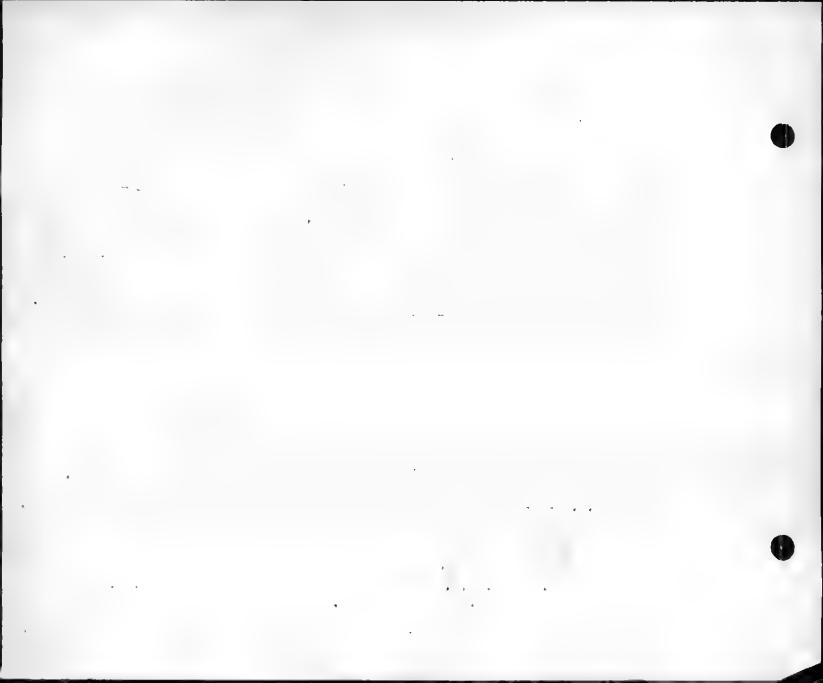
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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and death		LACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institut	
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by the run Rages H		write RURAL and give nearest town)	MARdela SPRIA	a Md
S EE		NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE
		Peninsula General Hospital	R.F. D. Boy 8V	ON A FARM? YES NO
ind the actual terminate be executed within a by the attending physician and completely filler transit permit. Then please remaye corban par cremation, ar remayal, and in sy event, within the corporation of the state of the st		IAME OF First A Middle	Last 4 DATE Man	
pletely f carban ent, with		Type or print) Dessie Charolett 1	Brown DEATH Septen	nber 17 1967
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al, o	13.	FATHER'S NAME	14. MOTHER'S MANDEN NAME	
p bh		Oliver Smiley	Jarella	
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ued iffen rmii , ar	(//	(in yes give wor or duties of service)	krene Harman	7. K. B. 1857
the a		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)		INTERVAL BETWEEN
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cerri cerri ched		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
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γ † e d ate	Œ	p.m. 19 at wark 🗀 at work 🗀		
0 0 T 0		21. 1 certify that (1) (this-hospital) attended the deceased fram	9-16, 1967, to 9-	//, 19 <u>6</u> /that (1) (we) last
or de dine			hat death accurred at 3 3 M, from causes	and an the date stated above
wit sp		220. SIGNATURE	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 9-17-67
ed See		22c PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS L	1 7-// 6/
RAL RAL Page 15		NAME (Type)		buy Aid
	230	BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY (DR CREMATORY 23d LOCATION (City or To	own) (Caunty) (State)
Page of Full direct shaul	230	Survey 9-23-67 AH Zinn	Sharotown	113 11 11 11
= P W	24	FUNERAL DIRECTOR ADDRESS		FGISTRAR'S SIGNATURE
VR A15 (4)		Loretta B. Jolly Kt & Jersey	. ad. DATE SEP 2. 2. 1967	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

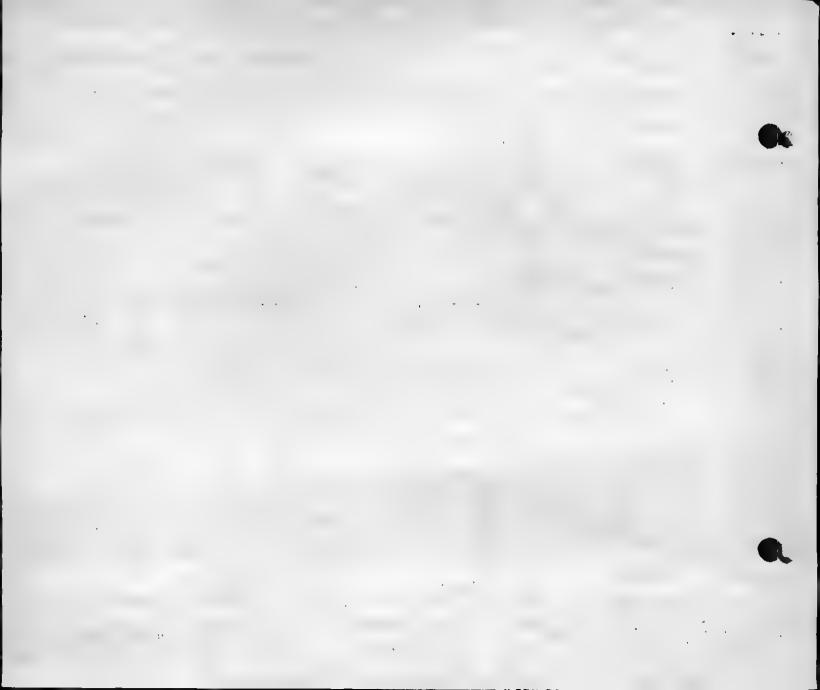
FOR ST	MIE		15099 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	2 2 () 3
HEALTH	DEPT.		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Res	sidence before odmission)
≃ ≏ ≘ `	-		COUNTY Vicomico MARYLANE	o. STATE Maryland b. COUNTY	Vicomico
delay is and 3 to 13 Page	En	┢	CTY OR TOWN (If outside corporate imits, C LENGTH OF STAY IN 16		
deld 2, and PM3	Ē		write RURAL and give nearest town) Salisoury	Sharptown	
	od.	-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
= -, E	۾ ،		eninsula General Hospital	Cooper Mill Road	ON A FARM? YES NO 🔀
t ge	State Deportment		VAME OF First Middle	Last 4 DATE Month	Doy Year
dino	Je),		JECEASED Type or point) Gladys L Bro	OF	1
nould be exacuted within 24 hours after daoth It word "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office alapgrantly form		5			IDER I YEAR IF UNDER 24 HRS
9 of o	<u> </u>		F C WIDOWED DIVORCED	Sapt. 22, 1913 last birthday) Month	hs Doys Hours Min
hours Item 13 Office	transit permit. File pages Land.2 w event within 72 hours after death.	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR		2 CITIZEN OF WHAT
of = 5	la er o	dur	ng most of working life, even if retired) INDUSTRY		COUNTRY?
1 24 I In er's	ges	13	Domestic FATHER'S NAME	Maryland 14 MOTHER'S MA DEN NAME	U.S.A.
exacuted within anding" in pencil Medical Examine	PG Si				
d wi	File ₁ 2 hou	15	Levin Holbrook WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO	Maggie Peters Address	
rted ": "	# Z	(Ye	s, no, or unknown) (If yes give wor or dates of service)		Salis-Md.
e exilicute pending" ef Medical	permit within 73			Thelma Justice 730 Richmon	
ence ex	± +		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY		INTERVAL BETWEEN ONSET AND DEATH
be l'pe	burial-transit any event		IMMEDIATE CAUSE (a) Practured cervi	cal spine	Finutes
mhauld e word a the Ch	d-+ √ e √		DUE TO		
	any		Conditions, if ony, which gove nse to immediate couse (o), (b)		
d th	/		storing the underlying couse (DUE IO		
erthicate iih writing the warded to t	and and		(c)		
s certificate al	uld be used ar remaval,	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
	be u	CERTIFICATION			YES NO-
-	무말	ME	200 EXTERNAL CAUSE WAS PRIMARY™ Or CONTR BUTING □	RED (Enter nature of injury in Post I of Port II of Item 1B.)	
EXAMINER: tute the certifiage 4 should		10	CAUSE OF DEATH Pedestrian was	crossing yard and was struck b	
A Party State		MED, CAL	20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e	PLACE OF INJURY (Home, form 20f (City or town)	(County) (Stote)
IAR te t	erdined 1dr yddr files. DIRECTOR: Page 3 sha ta burial, crematian,	\$	9:30 PMI 9-16-67 While Not While Ya	rd of home/ Sharpton 1	Wicomico Nd.
Pag	_ g g		21. I certify that I took charge of the remains described above	, held an Autapsy 🔲 , Inspection 💽 , Inquiry 🏌	ond in my opinio
e e	ECTOR ECTOR		aeoth resulted from Natural courses	Suicide , Hamicide , Undetermined manner	
lease directo	JRE(CHIEF MEDICAL EXAMINER	
0			ACTUAL SIGNATURE	M_D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Fro ero	RAL I		EXAMINE'S Earl L. Royer, M.A.	DEPUTY MEDICAL EXAMINER 4 9-18	67
necessory, porter function for the funct	o FUNERAL 6 Health prior		MAME (Type) 1.00 Comdon Arrow Solichmans	Address (Street City, fown, or county)	71
nece the	10 ± 0	230		OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
=	5 1		REMOVAL (Specify) 3urial 9/20/67 Nt. Zion	Sharptown Wi	comico Md.
VR A1	SME PATT		FUNERAL DIRECTOR ADDRESS	250 REGISTRAR 1 256 REGISTRAR	RS S GNATURE
	1/67	1/	The transfer of the state of th	CONTOEF A A 1301 A	The Later of Lagrange



VR A15 15M 7-62

MAKTI	TAND STATE DEPARTMENT OF	T REALIN
DIVISION OF STATISTICAL RESEAR	CH AND RECORDS, 301 W. PRESTOR	N STREET, BALTIMORE 1, MARYLAND
4 00 6 8 7 8	CERTIFICATE OF DEATH	13104

PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) B. STATE b. COUNTY
Wicomico MARYLAN	Magueland Utcomtco
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naerest town)
write RURAL and give nearest town) Salisbury	Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE
404 Royal Street	404 Royal Street YES NO 🗵
NAME OF First Middle	Lest 4, DATE Month Dey Yeer
DECEASED	BROWN DEATH September 16 1967
KOI	
7. MARRIED A NEVER MARRIED	last birthday Months Deys Hours Min.
Male White wildowed DIVORCED	November 22, 1904 62 yrs.
done during most of working life, even if retired)	
Brick Mason Builder	Eden, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marcellus L. Brown	Lottie Frances Pryor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no. or unkown) (Ifyesgivewerordelesofservice)	Mrs. Louise D. Brown (Wife)
No 220-32-0634	404 Royal Street, Salisbury, Maryland
18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: ANAPLAST	TIC CARCINO MIA - LUNG ONSET AND DEATH
	() 2 m m ald
DUE TO E mel for	TO S
Conditions, if any, which [b] geve rise to immediate cause	-
(a), steting the underlying DUE TO	
causa lest. [c]	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO 🔼
	URED. (Enter neture of injury in Pert J or Part II of tem 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20d	PLACE OF INJURY (Home, term, ; 2Df. (City or town) (County) (Stele)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20d. Hour e.m. While Not While et work et work	fectory, street, office bldg., etc.)
	20101 0 110 1012 1012
21. I certify that (I) (this hospital) attended the deceased in	rom. App. 19.6/, to 9-16 , 1967, that (I) (wo) las
saw the deceased aliveron	that death occurred at .P M, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
Colt 1/feepes	M.D. PHYS. DIRECTOR PHYS. Sept. / 1967
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. Robert L. Adkins	Fruitland, Maryland
13a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta)
REMOVAL (Specify) Burial Sept. 19,1967 Wicomico M	emorial Park Salisbury, Maryland
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY, SALISBURY, MARY	0 1 4007 1/1/4 marks NACCO
TIOLECTORY & CONTRACT, CALLEGEORY, TEACH	DATE OF LAST



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Wicomico MARYLAND Maryland Wicomico b. CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURA, and give nearest town) Salisbury .lsbur d NAME OF HOSTIA, OR INSTITUTION (if not in hosting) give Itreet address d STREET ADDRESS ON A FARM? Baysinger Trailer Court YES NO X NAME OF 4 DATE Marth Middle Last Year campletely DECEASED HARVEY FREDRICK CAREY 1967 September 24 (Type or print) DEATH SEX IF UNDER 1 YEAR F JNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED ě dast birthday) Manths Days Hours November 6,1918 any Male White WIDOWED DIVORCED guò 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working (ife, even if retired)
Tech. Optician COUNTRY? INDUSTRY pup Fruitland, Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaval Alexander Grover Carey Mammie Mae Williams 17 INFORMANT Mrs. Hannah Bounds Carey (Wife) 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war or dates at service 218-05-8736 Baysinger Trailer Court, Salisbury, crematian, CAUSE OF DEATH (Enter only one couse per-INTERVAL BETWEEN burial-transit CONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed l Conditions, if ony, which gove rise to immediate cause (a), LUCEO **DUE TO** stoting the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN PA WAS AL Health | IN FUNITAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [DESCRIBE OW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (Stote) (City or fown) (County) Haur a.m. factory, street_office bldg., etc.} at wark at work 21 I certify that (1) (this haspite) attended the deceased from M, from couses and an the date stated above. , and that death of vired at 5 saw the deceased alive on 13196 22a. SIGNATURE DIRECTOR PHYS PHYS eq , page be filed 22c PHYSICIAN 22d. ADDRESS Page 4 may Shauld director 23b. DATE THEREOF 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, Wicomico Memorial Park Salisbury, eptember 27.1967 Marylant **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



8 1	Items 1^-21 Film 393 MARYLAND STATE DEPARTMENT OF HEALTH 9-29-67asDivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FORSTATE	13102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13106
HEALTH DIPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived if institution Residence before odmission)
조 호 하 . 오 즉	o. COUNTY Wicomico MARYLAND O. STATE Maryland Wicomico
delay is and 3 to 13 Page iment of	b CTY OR TOWN (if autside carparate limits is a LENGTH OF STAY IN 16 11 a CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town)
등 등 없는 그는 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	Write RURAL prid give nearest town) Salisbury Salisbury
n PM3	d NAME OF HOSPITAL OR INSTITUTION (H not in hospital gave street ordress) d STREET ADDRESS 1 e IS RES DENCE
	227 Glen Avenue 227 Glen Avenue 755 NO X
after death 1 Give Page along with f with the Star	3 NAME OF First Middle Lost 4 DATE Month Doy Year
de Five Five Five Five Five Five Five Fiv	DECEASED (Type or print) MABEL IRENE COLLINS DEATH September 20 19 67
after d 8 Give along w with the	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BRTH 9 AGE (n years IF NDER 1/4 AR IF NDER 24 HRS Igst Dirthdoy) Months Doys Hours Min
18 a l 8 a l	Female White WIDOWED DIVORCED December 30,1919 47 yrs Months Doys Hours Min
frours from 10 Office 1 and 2	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BERTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	during most of working (de, even if retired) Adm. Assistant Chamber of Commerce Chester, Pennsylvania USA
hin 24 ncıl ın nıner's poges ın ony	13. FATHER'S NAME : 14. MOTHER'S MAIDEN NAME
i within 24 in pencil in Exominer's File poges and in ony	Clifford Irvin Twilley Lida Rounds
in pe in pe I Exor File , and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or Junknown) (If yes give wor or dotes of service) 222_05_4277 Mr. Roland M. Collins, Address (Husband)
executed nding" i Medical permit emoval,	(Yes, no, or Junknown) (If yes give wor or dotes of service) 222-05-4277 Mr. Roland M. Collins, Jr. (Husband) 227 Glen Avenue, Salisbury, Maryland
d be executed rd "pending" in Ch'ef Medical E tronsit permit F to ar removal, a	TRE CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Drowning Minutes and Death Minutes and Death
should e word o the Ct oursal tre	1 × 1, 0 DUE TO
shoul ne wor to the burral motian	Conditions, if ony, which gave (b)
ote should the word of the the C to the C to cremotion,	stoting the underlying couse DUE TO
ifico ring ride as al, c	lost (c)
s certificate should e, wrring the word forworded to the Ch t used as a burial fre burial, cremotian,	PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES NO
This icote, be fo	YES 🔼 NO 🗆
# _ 2 0	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Irem 1B) PRIMARY AND CONTRIBUTING Ar parently fell while receive from both
INER: e certif should files. 3 should nt, pr c	
e the ce e 4 shor our files agent,	20x I ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, 20f (City or town) (County) (State) About form on Page 120-6719 While Not While 12 Description of OWn home Salisbury Wice Md.
EXAM unte th oge 4 your Page ed oge	THE A MENT 7-20-07. GLANDIK 23 1-44
MEDICAL EXAMINER: please execute the certi director. Page 4 should etained far your files. DIRECTOR: Page 3 shou is designated agent, pr	21. I certify that I took charge of the remains described above, held an Autopsy 💢 , Inspection 💢 , Inquiry 💢 , and in my opinio
	death resulted fram Natural causes , Accident 🔀, Suicide , Homic de , Undetermined manner
MEDICA blease ex- director. etained DIRECTO	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
UTY M Iny, ple erol di erol di RAL D	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
o DEPUTY MEDICAL E necessary, please exect the funeral director. Po 5 may be retained far o FUNERAL DIRECTOR: Health or its designate	EXAMUNER'S Far 1 L. Royer, D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) September 20/196 Address (Street, city, town, or county)
TO DEPU	230 BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C by or Town) (County) (Stote)
5 = ~ 5 1	Buria Secty Sept. 23, 1967 Parsons Cemetery Salisbury, Maryland
No.	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
WR A15ME (3/1)	HOLLOWAY & COMPANY, SALISBURY, MARYLAND DASEP 25 1967 given Judge

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death curtificate be executed within 24 hours after death

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 should be detached for use as the burial-transit permit. Then please remave carpanal and the stiled with the State Dept. at Health priar to burial, crematian, or removal, and in any event, we

VR A15 (4) 20 M 1/80

oppers. Poges 1 and hours after deal

born popers

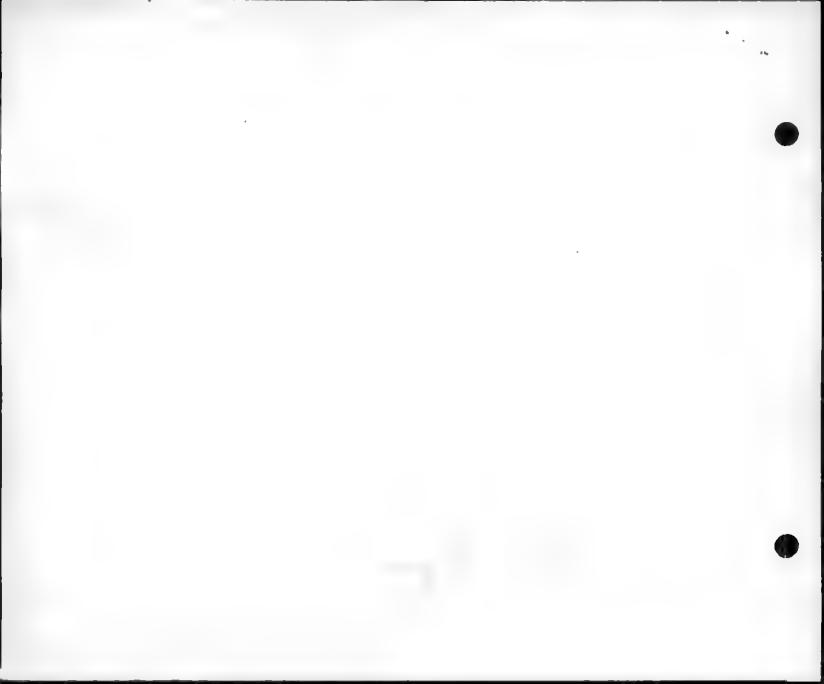
CERTIFICATE OF DEATH

1 ×	1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
1	1	a. COUNTY	a. STATE b. COUNTY
		Wicomico MARYLAND	MARYIAND WORCESTER
- page		b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
		write RURAL and give nearest town) Salisbury	DNOW HILL Md. 21863
		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
)		Peninsula General Hospital	Rt # Boy 125 - VES NO
/		NAME OF First Middle	Lost 4 DATE Manth Day Year
		OR (Type or print) Robert William COR	DID DEATH September 26 1067
	Ś	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	Tale Negro WIDOWED DIVORCED [8-35-1881 last birthday) Manths Days Haurs Min
	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11, BIRTHPLACE (County & State, or foreign country) 12 CIT-ZEN OF WHAT
	duri	ing mast at warking life, even if retired)	COUNTRY?
	15	FARMER	SNOW HILL U.S.H
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	~	Danuel Corbin	MAGGIE COrbin
	15.		INFORMANT / RF & 2 BOX 191
	(Ye	s, na, ar unknawn) (If yes give war ar dates af service)	AGGIC BRATTON SNOWN: ILLING.
	-	TO COURT OF DESTRICTION (Less sets one consequence (Les A) and (A)	ANTERVAL BETWEEN
		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY:	CONSET AND DEATH
		IMMEDIATE CAUSE (a)	at oftens poetra to freshors
		Tau DUE TO	
		Conditions, if any, which gave) (b)	
		rise to immediate cause (a), stating the underlying cause DUE TO	
		last (c)	
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
)	10N	Tremonia. Meme	PCKTOKMED?
*	Ã		(Enter nature of injury in Part I or Part II of item 18.)
	CERTIFICATION	206 ACCIDENT WAS UNDERLYING	(enter nature at injury in Part i at Part ii at trem 16.)
		{IF EITHER, NOTIFY MEDICAL EXAMINER}	
	MEDICAL		CE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)
	ME	Hour a.m. While Nat While of work of work	ary, street, affice bldg., etc.)
		21. I certify that (I) (this hospital) attended the deceased fram	90/20. 25, 196 / taren 26, 196 / that (1) (we) last
			t death accurred atM, from causes and an the date stated abave.
		22g SIGNATURE	22b. DATE SIGNED
		X laved Delmore M	ATTENDING MED. STAFF
		22c, PHYSICIAN'S	D. PHYS. L. DIRECTOR L. PHYS. L.
1		NAME (Type)	TEM DEPOT
	230	BURIA., CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d., LOCATION (City or Town) (County) (State)
V		REMOVAL (Specify) 9-30-67 Hutls me	moreal Suow Hell-Work Md.
17	24		250. REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE
	0	Soretta & Jolley Sallahur ml	PARCT 3 1967 Schooles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	2010	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13108
EALTH DERT.	I. PLACE OF DEATH g. COUNTY Wicomico		institution: Residence befare admission) b. COUNTY Wicomico
de 3 3 4	b CITY OR TOWN (It autside carparate mi write RURAL and give nearest tawn) Sall Sbury	s, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits w	
2, and PM3 PM3 partma after of	d NAME OF HOSPITAL OR INSTITUTION (IF I	· · · · · · · · · · · · · · · · · · ·	e 15 RESIDENCE
form form		ral Hospital D.O.A. 765 S. Division	Street YES NO [
Pages with form	3. NAME OF	rrst Middle Last 4 DATE	Manth Day Year
Give Pa Give Pa ing with the S	DECEASED (Type or print) CA	RROLL LEE DIXON, SR. DEATH Sept	ember 25 19 67
a do	S SEX 6 COLOR OR RACE Male White	7 MARR ED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED December 8, 1894 72	ears FUNDER 1 YEAR 1 IF UNDER 24 HR day) Months Days Hours Min
ttem 1 Office 1 ond 2 event	10a S. Al OCCUPATION (Give kind of work done	106 KIND OF RUSINESS OR 11 BIRTHPLACE (State or fareign country)	12 CITIZEN OF WHAT
nin 24 haurs nci: in them I niner's Office pages Iond 2 in any event	during most of working life, even if refired). Retired Grocery Cle	rk Salisbury, Maryland	COUNTRY?
nin 24 in 19 niner's Chiner's	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
I within 24 in pencir in Examiner's File pages and in any	William Henry Dixon	Octavia Frances Serma	an
	15 WAS DECEASED EVER IN US ARMED FORCES? (Yes, no or unknown) (fives give war ar dates Yes War I	of service 214-10-9904 Tree Filen Dixor 765 S. Division Street,	Address (Wife) Salisbury, Maryla
vertificate shallo be executed with ward "pending" in stranged to the Chief Medical Used as a bural-trans.t permit.	IB. CAUSE OF DEATH (Enter only one co PART I DEATH WAS CAUSED BY IMMED ATE CAUSE	use per line far (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH INLINITES
snabla e ward a the C our.al-tr	DUI Canditions, if any, which gave)	10	
he the the the the the the the the the t	rise ta immediate cause (a), ((b)	
ng the	stating the underlying couse ((c)	
s certificate si e, writing the farwarded ta used as a bu i burial, cremo	PART I OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) I9 WAS AUTOPSY PERFORMED?
rtificati rtificati old be priar to	20a EXTERNA. CAUSE WAS PRIMARY OF DEATH CAUSE OF DEATH 20c. TIME OF NURY Manth, Day Year Hour a.m	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item	
	20c. TIME OF NJURY Manth, Day Year Hour a.m p.m. 19	20d INJURY OCCURRED While Not While at work a	(County) (State)
rase execute the rector Page 4 ained far your IRECTOR: Page designated age	21. I certify that I took charg	e of the remains described abave, held an Autapsy 🔲, 🛮 Inspection 🔀,	Inquiry X, and in my opini
ed f	death resulted from: Ngjur	al causes 🐼, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermin	ed manner
please e I director retained DIRECT its design	ACTUAL	CHIEF MEDICAL EXAMINER	22. DATE SIGNE
ol de	SIGNATURE	er, M.D. ASSISTANT MED CA. EXAMINER DEPUTY MEDICAL EXAMINER	
necessary, please execute the funeral director Page 5 may be retained far yar 0 FUNERAL DIRECTOR: Page Health or its designated a	NAME (Type) 409 Camden	Ave., Salisbury, Maryland Address (Street, city, town, or county)	September <u>26</u> /196
To the second se	230 BUR AL (REMATION, 235 DATE THE REMOVAL (Specify) Sept. 2		y or Town) (County) (State) ry, Maryland
N //	24 FUNERAL DIRECTOR		25b. REGISTRAR S SIGNATURE
VR A15ME (5)	HOLLOWAY & COMPA	NY, SALISBURY, MARYLAND DATE SEP 28 1967	Actionles Judges



and con-TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate physician 0 0 E

CR.

22c. PHYSICIAN'S NAME (Type)

Burial

230 BURIAL CREMATION, 236, DATE THEREOF

RYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND** RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13169 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTY b. COUNTY WICOMICO ■ STAMarvland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate lim is, write RURAL and give nearest lown) write RURAL and give nearest lown) Parsonsburg, R.D. #1. Salisbury d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Mt. Hermon Road ON A FARM? Springhill Private Sanitarium YES NO X Juchossois), 3. NAME OF DATE Year Middle Month DECEASED Magdlena (Type or print) DUCHOSSIOS DEATH 1967 September 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years (IF UNDER I YEAR) IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH Strouthday) Months Data Female March 20.1880 WIDOWED A DIVORCED [At Home . Germany 12. QUZENJOF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during prost of warking life even if retired) At Home. 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Elizabeth Wiegmann Fischer William 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 TX. INFORMANT A Mr. Alphonse R. Duchossois(son) (Yes, no or unkown) | (Ifyesgivewerordatesofservice) Road. 18. CAUSE OF DEATH Enter only one cabes per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying causa last. PARTY, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PARTY (8) 19. WAS AUTOPSY PERFORMED? 200. ARCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 1 (State) 20c. TIME OF INJURY Month, Day, Year 201, (City or town) (County) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work to.m. 1966 to 30/1. 10, 1967 that (1) (40) last 7., and that death occurred at 5:20%, from the causes and on the date stated above. saw the deceased alive on.

22b. DATE 22a, SIGNATURE ATTENDING

PHYS.

22d ADDRESS 116 E. Main Street, Salisbury, Maryland

DIRECTOR

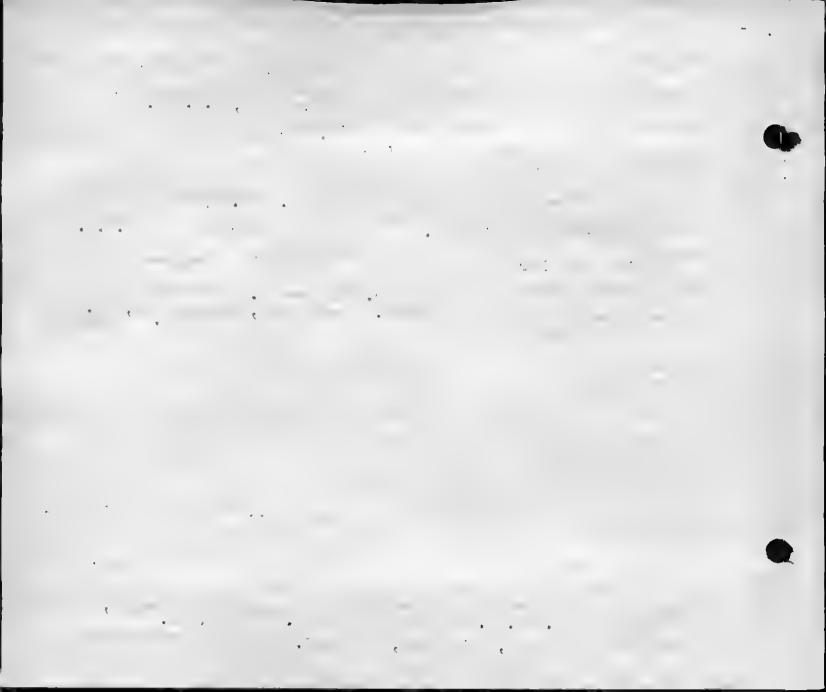
23c. NAME OF CEMETERY OR CREMATORY Fan tegliety occurry, Rosyln. Sept. 14.67. Hill Side Cemetery.

PHYS.

1967

REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATU **Company, Sallsbury, Maryland: Charlen

Philip A. Insley

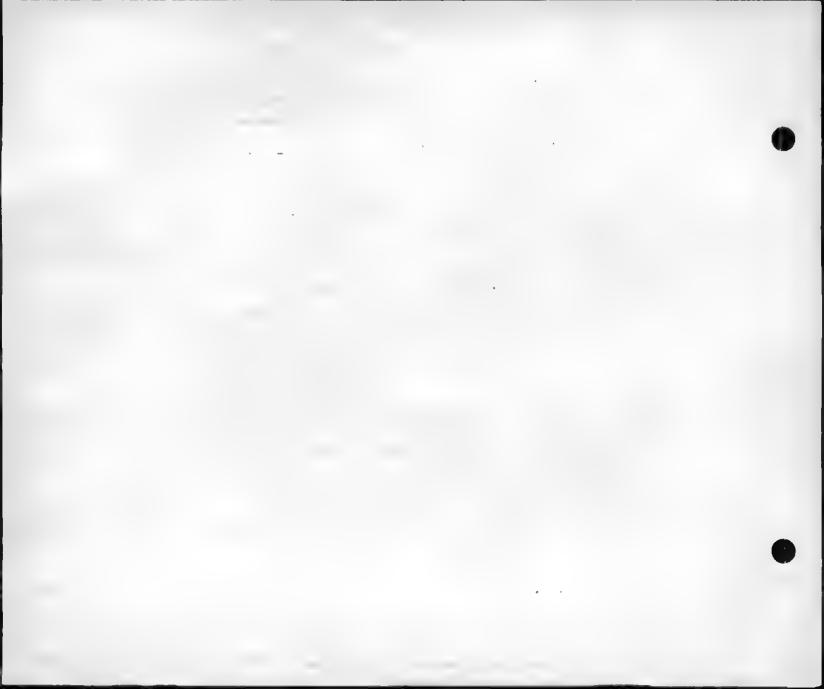


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10106

CERTIFICATE OF DEATH

	64 5.												
death	lo de de			PLACE OF DEATH					2. USUAL RESIDENCE (W	here deceased liv	ed, if institution R	lesidence before admissi	on)
	3-3			a. COUNTY	Wicomico		MARYLA	AND	o. STATE Mary	land	b. COUNTY	Talbot	•
afte	1000			CITY OR TOWN (f autside carparate limits,		c. LENGTH OF STAY IN	1b	c CITY OR TOWN (If out		its write RURAL a	nd give nearest tawn)	
OLS	Page aurs			write RURAL and	gwelnes bleep		39 days		J. J	m ST. /	MICHAL	=/(
þg	~ v ==		Н		AL OR INSTITUTION (If not i				d. STREET ADDRESS		7	e IS RES	
that the death certificate be executed within 24 haurs after	filled in paper hin 72	11			Deer's Head	State	Hospital					YES T	NO NO
畫				NAME OF	First		Middle		Last	4. DATE	Manth	Day Ye	aı
73	carban carban ent, witl			DECEASED Type ar pant)	ELO]	ISE			FIELDS	OF DEATH	9	23 191	67
:ufe	completely ove carban y event, wit		S.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	Z % I	B. DATE OF BIRTH			UNDER I YEAR OF LINDE	R 24 HRS
e xe	2 2		F		С	WIDOWED	DIVORCED		JAN 4, 18	80 7	9 Yrs		
96	iktan and lease rem and in a		10e dur	USUAL OCCUPATION ng mgs of working	(Give kind af wark dane ife, evenut retired)		ND OF BUSINESS OR Dustry		11 BIRTHPLACE (Caunty 8	admir .	(אַזיּחנוֹט	12 CTIZEN OF WHAT COUNTRY?	
ate	and and a	/		TOUSE	MAID					OUNTY	ופויו,	USA	
THE CO	0.1		13	FATHER'S NAME	y	_			14 MOTHER'S MAIDEN N		-		
9	ing phy Then remaval			EMOI	RY FIEL	DS			TOSIE	BROL	VN		
뜜	- co				R fiv U.S. ARMED FORCES? (If yes give war ar dates af s		SOCIAL SECURITY NO		NFORMANT		Address		411
9	attendi permit. Ian, ar r			No		21	4-32-226	Li	JAMES FIA	LDS V	St.MI	CHAELS, 1	ID.
#	<u> </u>			18 CAUSE OF DI	ATH (Enter anly one cause H WAS CAUSED BY.					,		INTERVĀL BE ONSET AND I	TWEEN DEATH
hat	physician. signed by the burial-transit burial, cremat				IMMEDIATE CAUSE (a)		monary embo	oli_				1 100	ur
es 1	3000 30 th 37-th 37.0			20/X	DUE TO	0	ebral vasc		a a a a d a a a a			0	1
dair	physical signer political purificulty burital			Canditians, if any rise to immediat	e cause (a).		eural vasci	grar	accident			2 mont	ns
16	0 5 0 0			stating the unde	lying cause								
<u>8</u>	tendir as bee as th priar 1) (c) GNIFICANT CONDITIONS CON		O DEATH OUT NOT DELAT	TEN TO T	THE TERMINAL DISEASE CON	NITION CRUEN IN	DART 1/a)	19. WAS ALT	UDSA
: The	e ho	1	CERTIFICATION	PAKI II UINEK 31	SNIFTCANT CONDITIONS CON	II KIBUTING T	U DEATH BUT NUT KELAT	ו טו טו	THE TERMINAL DISEASE CON	DITION GIVEN IN	PAKI I(O)	PERFORM	NO D
MA.			E	20a ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OCC	URRED	(Enter nature of injury in P	art I ar Part II af	item 18.)		
S	haspit s certif ached ept. af			OR CONTRIBUTING (IF EITHER, NOT FY	MEDICAL EXAMINER)								
PHY	is c tact Jep		MEDICAL	20c TIME OF INJU	IRY Manth Day, Year				CE OF INJURY (Hame, form,	20f (City	ar tawn)	(Caunty)	(State)
5	de de lite [M	p.r	n. 19	Wh e			ary, street, affice bldg , etc.)				
5	d by			21. I certi	y that (I) (this haspiteceased alive an Set	tal) attend	led the deceased fr	rem_A	ugust 15 , 19	67_ to 3e	ptember2	319 <u>67</u> , thot (I) (we) lost
EN I					ceased alive an Set	otembe	r23 19 67, on	id thot	death occurred at -	LL: LLD AM, fro			d obove.
A	be retain DIRECTOR ge 3 shau led with th			220 SIGNATURE	Black	//	/		ATTENDING	MED	STAFF	22b DATE SIGNED	
8	be 3		1	9/0	NIN	mi	[M.D	PHYS.	DIRECTOR L	PHYS X	9/25/67 Maryland	
TAL	RAL DIS	/	\	–22c. "PHYSICIAN'S NAME (Type)	A. C. Mito	chell.	M. D.		Deer's He	ad Stat	e Hospit	al, Salisb	- שיננו
TO HOSPITAL	4 2 2 2	0	230	BUR AL CREMAT O			1 23c NAME OF CEMETE	ERY OR O			h (City or Tawn)		State)
Ĭ	Page of FUN		التند	BUR AL, CREMAT C	SEDTS	7.19/	THOMA	2	PEMORIAL	STI	MICHAF	LS MD	,
ĭ	- T - E //	11	24	FUNERAL DIRECTO	RCIP	11.16	ADDRESS	1		BY REGISTRAR	25b REGISTS	RAR S SIGNATURE	
	VR A15 (4) ₹ 25M 1/67		Ø	acriso	NO Kes	naid	St. mu	che	ela Med DATE SE	P 2 9 19	67 occ	carles Jude	C
	14						/		/		Y1 //		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATI	E		1010		MEDI	CAL EXAMINE	R'S CER	TIFICATE (OF DEATH	Ţ	3111
HEALTH DEF	YT.		ACE OF DEATH						(Where deceased lived, if in		e belore odm ssion)
is of the		0.	COUNTY	icomico		MARYLA		STATE	vland b	COUNTY	omico
		b		outside corporate limi	ts,	c. LENGTH OF STAY IN	· ·		outside corporate imits, write		
PM3.	1		write RURAL ond	give nearest town)	,			,	Lisbury	3	,
f dny delay 1, 2, and 3 m PM3. Pa		2		alisbury Lorinstitut on (If n	at a bosestal as	un street oddens)	1 2 57	REET ADDRESS	TT2 DOT. A		e IS RES DENCE
h If a jes 1, farm	49	Q		'		,	""		- 01 CI		ON A FARM?
24 haurs after death 1f cin Item 18 Give Pages 1, r's Office along with farmes 1 and 2 with farmes 2000 with	man !			Peninsula				725			AEZ- NO S
haurs after death Item 18 Give Page Office along with I	1 THE 1	D	AME OF CEASED	REGI	irst NEATETS	Middle TACALITA	TIAC	Lost	4 DATE OF	Month	Doy Year
2 5 5 K	(B)	{T	ype or print)			LAGATHA	FOS		DEATH	9-11-6	
after of the state		S. 5		6 COLOR OR RACE	,	NEVER MARRIED		OF BIRTH	9 AGE (In year		Doys Hours Min
715 1 18 12 \	듐		Male	AA	MIDOMED	DIVORCED		2-1-14	lost buthdo		
24 haurs in Item 1 r's Office ss 1 and 2	de l	10o	ISUAL OCCUPATION a most of working I	(Give kind of work done if a even if retired)		ID OF BUSINESS OR BUSTRY	11	BIRTHPLACE (Stot	e or foreign country)		IZEN OF WHAT JNTRY?
24 in 1 r's 1	il il	5	alesma				V.	i roini		U.	S.A.
ine ine	5	13.	ATHER'S NAME				14. A	AOTHER'S MAIDEN	NAME		
ad within 24 haurs aft in pencil in Item 18 G I Examiner's Office alor . File pages 1 and 2 with	200		Unkn	own				Unknov	vn		
		15	WAS DECEASED EVE	RINUS ARMED FORCES? (If yes give wor or dotes	16 5	OCIAL SECURITY NO	17 INFORM			Address	
Time High	<u>.</u>	(162	no, or unknown)	(it kez dins mot pr gotez	DI ZELAICE)		Ethe	l Fosoi	1e 725 Oli	vis St.	Salis Md
shauld be executed to ward "pending" in the Chief Medical E. burial-transit permit. F	within	T		ATH (Enter on y one co	use per line for ((o), (b), ond (c))					INTERVAL BETWEEN
pe insit	event		PART I DEAT	H WAS CAUSED BY: MMEDIATE CAUSE	(a) Mvc	ocardial in	farcti.	on			ONSET AND DEATH
A P P P P P P P P P P P P P P P P P P P	9	-1	<i>†</i>	WIND ALL CAUSE	18						House
shauld e ward o the C	any		and tons if any,		(b) Ple	eural effus	ion				\wedge
45 alm 4m			ise to immediate toting the under		E TO						
ficate ting th rded to as a b	and		est.	TAILIN COOSE	(c)					1	
s cert ficate should s, writing the ward farwarded to the Ch used as a burral-tra	_`	_	PART II OTHER SK	SNIFICANT CONDITIONS		DEATH BUT NOT RELAT	ED TO THE TER	MINAL DISEASE CO	ONDITION GIVEN IN PART I((0)	19 WAS AUTOPSY
	remayal,	CERTIFICATION									PERFORMED? YES 2 NO
ER: This certificate, auld be fa	Ten.	2	200 EXTERNAL CA		20b DES	CRIBE HOW INJURY OCC.	JRRED (Enter n	nature of injury in	Port I ar Part II of Item 1:	8)	1
vertificate that the should be shoul	ō	E	PRIMARY or CON CAUSE OF DEATH.	ITRIBUTING 🗆							
	crematian,	MEDICAL		RY Month, Doy, Year	20d IN.	JURY OCCURRED 2	Oe PLACE OF I	NJURY (Home, for	m, 20f (City or fow	(fo)) (fry	nty) (State)
the 4 short file our file	‡g#	윺	Hour o.m	l. 10	While	Mot While		et, office bldg., et			
AL EXAM execute th ir. Page 4 I far your TOR: Page		-	21 L contif.		of work	ains described aba	us hold as	Autonou T	Inspection X	Inquiry X.	and in our painter
AL See See See See See See See See See Se	burial,		death result	//	,	Accident [],	ve, neid dii Suicide [The state of the s	and in my apiniar
	bur		death result	ed Hold. Notul	or conses iv	, Accident [_],	2010lde	, riamicia Chief Medica		a manner	
ME lea	₽		ACTUAL		16.						22. DATE SIGNED
	prior	- 1	SIGNATURE	Earl L. R	oyer N	D.	M D		DICAL EXAMINER L	71	
CESSATY, per function of the rest of the r	G. 'A		EXAMINER'S NAME (Type)				112		el, city, town, or county)	sept.	16, 1967
o DEPUTY Innecessary, plane funeral of may be red of FUNERAL I	eofth ()		BURIAL, CREMATIO		IL HARA	Galisbury,			23d LOCAT ON (City	or Town)	(County) (State)
To D The	FAX!		REMOVAL (Specify)					VK/	, , ,	,	,
	MA		FUNERAL DIRECTOR		67	Green A	cres	250 PFF	Salisbury TD BY REGISTRAR 25	V 11 COM	CO Md.
VR A15ME (6M 1/67	[5]		Linton a	Mentor	5 V7	Wast	_	DATE S	EP 2 0 1967		las Judge
om 1/6/		-	TITITUDII I	Scenaro (U)	nertal Viv	mo Jakar	namer 15	al DATE	THE W Y TOUT,	1	Carl March



13108

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13112

PLACE OF DEATH					2 USUAL RESIDENCE (Where decer	osed lived, if institution b. COUNTY	Residence bel	fore odmission)
	Wicemiee		MARYL	AND	Mary Mary	rland	D. COUNT	Borche	ster	
b CITY OR TOWN	(If autside corporate himitand give nearest town)	5,	C LENGTH OF STAY IN	1b	c CITY OR TOWN (If or	utside corpoi	rote limits, write RURAL	and give near	rest town)	
WILLS KOKAL O	Salisbury		2Yrs.9Mes	.251	ays Cami	bridge				, ,
d NAME OF HOSP	PITAL OR INSTITUTION (If in	ot in hospital,	give street oddress)		d STREET ADDRESS	-			e 15 RES DEI ON A FAR	NCE M2
	Beer's Head	State			505	Byrn	Street		YES N	
3. NAME OF DECEASED	·	rst	Middle		Lost	4. DATE			oy Year	
(Type or print)		lliam	000070-00		datten	DEATI			19 6	
White	6. COLOR OR RACE	7. MARRIED WIDOWED			Jan. 23, 1	890		FUNDER 1 YEAR Aonths Day		Min
00 USUAL OCCUPATION OF WORKING CONTROL OF WORKING WATERMAN	ON (Give kind of work done in the even if retired)		KIND OF BUSINESS OR NDUSTRY. Seafood		11 BIRTHPLACE (County		oreign country) , Maryland	12 CITIZEN COUNTR		SA
3. FATHER'S NAME	Edwin (atton			14. MOTHER'S MAIDEN Arma E1					
S WAS DECEASED E (Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO unk	17, 1	NFORMANT Hespit	al Re	Address cerds			
IB. CAUSE OF PART I. DE		(o) Br	or (o), (b), and (c).)	mia					ONSET AND DEA	ATH
Conditions, if or rise to immedi storing the uni	ote couse (o),	(b) Cin	renie Brench						Years	3
PART II OTHER	SIGNIFICANT CONDITIONS		cardial Fai			NDITION GIV	VEN IN PART 1(0)		9 WAS AUTOP PERFORMED)?
OR CONTRIBUTION	VAS UNDERLYING () IG () CAUSE OF DEATH FY MEDICAL EXAMINER)	20b D	ESCRIBE HOW INJURY OCC	URRED	Enter noture of injury in	Port I or Po	ort II of Item 18)		YES N	0 🔀
물 Hour (NJURY Month, Day, Year o.m. 19	Whil			E OF INJURY (Home, formary, street, office bldg, etc.		((ity or town)	(County)	12)	tote)
sew the	aeceasea olive on_	pital) atter 9/5/6	nded the deceased from 19, ar	rom nd tho	deoth occurred at	19 4:4 0 P	to <u>9/5/67</u> M, from couses on	_, 19, d on the d	that (I) (w ote stated :	e) las obove
las	226 SIGNATURE Carle 3 1 Compression Med Attending Med Director Phys Phys C 7/5						22b DATE SI	SNED 7		
22c. PHYSICIAN NAME (Typ		s N. W	innacett, M	, D.	P. O. I	ex 26	18, Salisb	ury, M	d 2	180
23o BURIAL, CREMA			23c NAME OF CEMET				LOCATION (City or Town	*	,,	ote)
Burial		TAOL		r Me	morial Parl		Cambridge,			
LaCompte		rvice,	ADDRESS Cambridge,	Mar	yland DATE	H BY REGIS		TRAR'S SIGNAT		1

TO HOSPITAL OR ATTENDING PHYSICIAN: Th≡ low majures that the Zeoth certificate be executed within 24 hours aft meath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I land should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after been Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13109

CERTIFICATE OF DEATH

13113

	20400	CERTIFICATE OF B				
T	PLACE OF DEATH		RESIDENCE (Where deceosed		sidence before admission)	
	o. COUNTY Wicomico	MARYLAND 0. STATE	Maryland	b. COUNTY	Wicomico	
	b. City OR TDWN (If outside corporate limits,		TOWN (If outside carparate	imits, write RURAL and	give nearest town)	
	write RURAL and give negress town)		Salisbury		2).	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre	t oddress) d STREET			e IS RESIDEN	VCE .
L	Peninsula General F		408 Virginia	a Avenue	ON A FARI	
3	NAME OF First DECEASED	Middle Los	1 4. DATE OF	Month	Doy Year	
	(Type or print) JOHN WES	LEY JE OF	9 DEATH	de stem	1 19 6	
5	SEX 6 COLOR OF RACE 7. MARRIED 1	EVER MARRIED 8. DATE OF I		GE (In/yeors IF UN ast birthday) Mont	IDER YEAR IF UNDER 24	4 HRS Min.
10	o USUAL OCCLIPATION (Give kind of work done 10b KIND OF E	USINESS OR IT BIRTH	PLACE (County & State, or foreig	n country) 1	2 CITIZEN OF WHAT	
du	ring most of working life, even if retired) Purchasing Agent Lumber	Company Quan	itico, Marylai	nd	COUNTRY?	
	FATHER'S NAME		ER'S MAIDEN NAME			-
	Rev. John Peter George	Mara	rat Abbatt			
11	WAS DECEASED EVED IN ITS ADMED SDD/ESS 14 SOCIAL	ECHPITY NO. 17 INFORMANT	ret Abbott	Address		
()	(eye, Srunknown) (If yes give wor or dotes of service) 214-03	Mrs. Vi	vian D. Geor	ge (Wife)		
H	18. CAUSE OF DEATH (Enter only one couse per line for to), (b),		ginia Ave.,	Salisbury,	Maryland INTERVAL BETWE	FEN
	PART I. DEATH WAS CAUSED BY.	Fil Man	· ()		ONSE DAND DEA	TH.
	IMMEDIATE CAUSE (o)	apre regi	congo_		1/07	_
L	Conditions, if ony, which gove)					
	rise to immediate couse (a), Due 10	<u> </u>				
	stoting the underlying couse					
	last (c)		ANTERES CONDUCTION OFFICE	N DADE AT A	19 WAS AUTOPS	CV.
NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN I	N PAKI I(0)	PERFORMED*	?
CERTIFICATION					YES NO	P
RTE	206 ACCIDENT WAS UNDERLYING ☐ 205 DESCRIBE I OR CONTRIBUTING ☐ CAUSE OF DEATH	OW INJURY OCCURRED. (Enter noture	of injury in Part I or Port II	of item 18.)		
_	THE FILLER NOTE TO THE TREE TREE TO THE TREE TREE TREE TREE TREE TREE TREE					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY 0 Hour o.m. While — N		(Home, form, 20f (City or town)	(County) (Sto	ote)
ME	Hour o.m. p.m. 19 while of work	of While toctory, street, of	ince blug., enc.)	5 /	,	
	21. I certify that (I) (this hospital) attended the	deceased from 10/22	, 19 to)ept. 14.	196/, that (I) (we	e) la
	saw the deceased alive on XI of 16	1967, and that death or	ccurred at 300 A.M.	from couses and a	on the date stated o	obov
	220 SIGNATURE	ATTEND	ING A MED	STAFF 22	b. DATE SIGNED	
	alavid & Gelmot	M.D. PHYS.	DIRECTOR L		ptember 19.	196
ı	22c. PHYSICIAN'S	1	ADDRESS		,	
	NAME (Type) Dr. David J. Gilmor	e Med	ical Center,	Salisbury	, Maryland	
23		NAME OF CEMETERY OR CREMATORY	23d. LOCA	TION (City or Town)	(County) (Stot	te)
	Burial Sept. 21,1967 Sp	ringhill Memory	Gardens Sal	isbury, Ma	ryland	
	24. FUNERAL DIRECTOR	ADDRESS	250. RECD-BY REGISTRAR	-25b. REGISTRA	IR'S SIGNATURE,	
	HOLLOWAY & COMPANY, SALISBU	RY, MARYLAND	DATE SEP 2 1	1001	contin freda	-

** HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after death. TO FUNERAL DINECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye, arban papers. Pages 1 and 2 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any extent within 72 hours after death. Page 4 may be retained by the haspital or attending physician.

> VR A15 (4)¹ 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13110

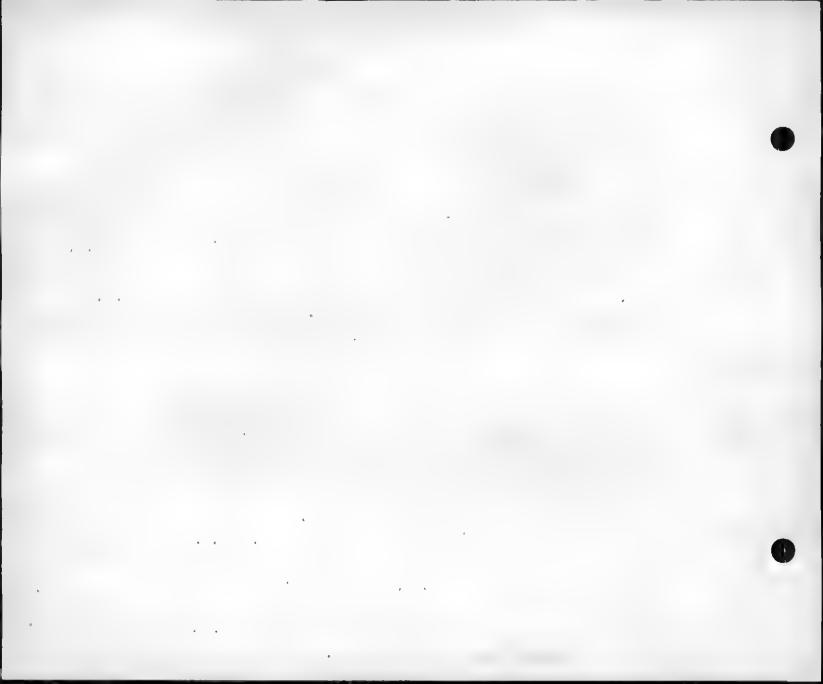
ERTIFICATE OF DEATH

13114

		2043.	3		CERTIFICA	AIL	OF DEATH
1	1. 6	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
1)	(D. COUNTY	Wicomico		MARYLANG	D	o. STATE Maryland b. COUNTY Queen Anne's
		ETTY OR TOWN (I	If outside corporate timits,	,	c LENGTH OF STAY IN 15		c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest lown)
		write RURAL ond Salish	give neorest tawn)		77 1		Centreville
	-		A. OR INSTITUTION (If not	t in horoital a	ll days		d STREET ADDRESS • IS RESIDENCE
1	,						ON A FARM?
- 6		Deer's	Head State	<u>Hospi</u>			406 S. Commerce Street YES NO-
1		NAME OF DECEASED	Firs	SP .	Middle		Lost 4 DATE Month Doy Year
		Type or print)	John				Gibbs DEATH September 8 1967
/	5 5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED] [B. DATE OF BIRTH 9. AGE (n years IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
		Male	Colored	WIDOWED		3	3/10/1882 8T Az
	10a.	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT
	dull	Tragsto (working	me, even ii retiredj	Vä	ousiry irious		Queen Anne's Co.Md. U.S.A.
	13.	FATHER S NAME					14 MOTHER'S MAIDEN NAME
		John	Gibbs				Sarah Unknown
	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 5	SOCIAL SECURITY NO.	17 I	INFORMANT Address R. J. D.
	{16:	NO or Unknown)	(If yes give war or dates of	service) 22	21-18-6169	1	Mrs. Maggie Tilghman Centreville, Md
		1B. CAUSE OF DE	EATH (Enter only one cous		7.1	,	INTERVAL BETWEEN
		PART 1. DEAT	TH WAS CAUSED BY.	(() 1	04 (.		2 Temples (Ca 1995) AND DEATH
		443X	/ IMMEDIATE CAUSE (-	
		Conditions, if any,	, which gove)	(6)	48CU D	>	4 cass
		rise to immediat stating the under	e couse (a), (V
		lost.	Tring touse	(c)			
	2	PART II. OTHER SH	GNIFICANT CONDITIONS CO	NTRIBUTING T	QUEATH BUT NOT RELATED	TOT	THE TERMINAL-DISPASE-CONDITION GIVEN IN PART ((a) 19 WAS AUTOPSY PERFORMED?
)	CERTIFICATION		1		Produce	1	CE ACGRELY, ISTURE, YES NO E
		200 ACCIDENT WAS		20b DE	CRIBE HOW INJURY OCCUR	RED	(Enter noture of injury in Port I or Port II of item 18)
	₩		CAUSE OF DEATH MEDICAL EXAMINER)				
	ਤੋਂ	20c TIME OF INJU	JRY Month, Day, Year	20d IN	JURY OCCURRED 20e		CE OF INSURY (Home, form. 20f (City or town) (County) (State)
	FE G	Hour `o.n	10	While at work		focto	tory, street, office bldg., etc.)
		21 Leophil	he shoe 113 Ishio haan	ital) attand	lad the decored from	m	Aug. 28 , 1967 , to Sept. 8 , 1967 , that (1) (we) last
		saw the de	ceosed alive on	Sept.	8 19 67, and	thot	t deoth occurred at M. from couses and on the date stated obove
		220 SIGNATURE	(1)				ATTENDING ATT
			1 Win	wic.	coll	M,D	
1		22c PHYSICIAN'S	C. H. Win		M T		22d. ADDRESS
1		NAME (Type)	O. H. Will	пасоть	, M. D.		Deer's Head Hospital; Salisbury, Md.
V	230	BURIAL, CREMATIC		REOF	23c NAME OF CEMETERY	OR (
11		REMOVA. (Specify	19/12/1	967	Mt. Zion M	<u>let</u>	thodist Cem R. F.D. Centreville, Nd.
1/2	24	FUNERAL DIRECTO	R	di	ADDRESS		250 PEG BY REG STRAP 250 REGISTRAR & SIGNATURE
V21	-	7 000	100 11 60 C	U.A.Cr	restertown	. IV.	CL. DATE

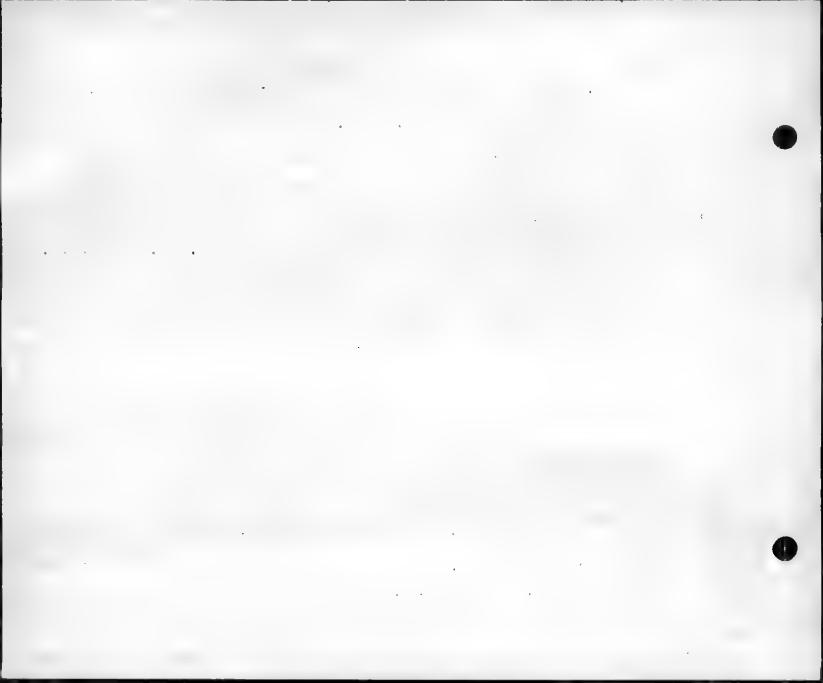
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 and 2 and 2 and 10 TO HOSPITAL OR NITEMBING PHYSICAM: The law requires that the Leath certificate by executed within 24 hours after Meath. Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	(F)		13111	CERTIFICATE	E OF DEATH	13115
the death certificate be executed within 24 hours after death	To See		LACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institution, Resi	dence before odm ssion) /
-	5	'	Wicomico Wicomico	MARYLAND	o. STATE Maryland b. COUNTY De	orchester
offe	a Es e		. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and	
ULS	Po Po		write RURAL and give nearest fown) Salisbury	1 yr.,3 da	Cambridge	4 .
육	in sy #		I. NAME OF HOSPITAL OR INSTITUTION (If not i		d. STREET ADDRESS	o IS RESIDENCE ON A FARM?
1 24	filled in by th papers. Pag thin 72 haurs o	P:	ine Bluff State F	Hospital	101 Green Street	YES NO X
違		3.	NAME OF First		Lost 4. DATE Month OF	Doy Year
3	carbon carbon		DECEASED Type or profit) Har		Goslin DEATH September	r 26 1967
cute		5			lost birthdov) Month	DER 1 YEAR IF UNDER 24 HRS.
exe	n any e		Male White		Aug. 15, 1910 57 yrs.	
90	public	10o duti	USUAL OCCUPATION (Give kind of work done no most of working life, even if retired)	IOU, KIND OF BUSINESS OR INDUSTRY	The British British Control of the C	COUNTRY?
of e	cian		ng mast of working life, even if retired) Painter	-	Dorchester Col Md.	U.S.A.
tific	physician on please laval, and		FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
9		_	Elwood Goslin	16. SOCIAL SECURITY NO. 17.	Lillie Rumbley	
t d	attending phy permit. Then ian, or remava	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dates of s	service) 0.3 to 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5	INFORMANT Records of Pin Blue	uff
p					State Hospital	INTERVAL BETWEEN
=	et a		1B. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY-		- 0 3	ONSET AND DEATH
that	by ran		163 V IMMEDIATE CAUSE (o		or lung	unknown
quires th	signed burial-t		Conditions, if ony, which gove			
ida	- '조 교 교		nse to immediate couse (a), (
3.5	been s the iar to		stoting the underlying couse (c)		
The law requires that attending physician	icate has been far use as the Health priar to		PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	e ho use use	ATION	_			YES NO X
PHYSICIAN:	certificate hed far u ot. of Heal	MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
SICI	ertil ed t. of	8	OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
3 PHYSICIA the hosnital	ifter this cert be detached State Dept. a	PICA	20c TIME OF INJURY Month, Doy, Year Hour o.m.	20d INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
ج ی	or the later	W.	p.m. 1	of work U of work U		
	O		21. I certify that (4) (this haspi	ital) attended the deceased fram_	Sept. 23, 19, 66, to Sept. 261 at death accurred at : 05pM, fram causes and a	196.7, that (b) (we) last
ATTENDIN Project by	# ag #			ept. 20 19 07, and the		n the date stated above. DATE SIGNED
A Part	With the second		220. SIGNATURE	0.3	ATTENDING MED. STAFF	ept. 26,196;
L OR	DIK jed jed		22c. PHYSICIAN'S	rings	.D. PHYS. L. DIRECTOR LESS PHYS. L. S. 22d. ADDRESS	spt. 20,170
SPITAL OR ATTENI	RAL DIR		and the second of	itchings M.D.	Pine Bluff State Hos	spital
So A	SE PER	230	BURIAL CREMATION, 23b DATE THERE		CREMATORY	(County) (State),
TO HOSPITAL	TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		REMOVAL (Specify)	8-67 Dascheste		Var. All.
=	· W	24	FILMERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR	
	VR A15 (4)1 20 M 1/66.		Court Lance	a Cambridge 1	DATE SEP 29 1967 you	arlan Judge



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFICATE	OF DEATH		13116	
		PLACE OF DEATH			Vhere deceased lived, if institution: Re	esidence befare admission)	
		o. COUNTY Wicomico	MARYLAND	a. STATE Mar	yland b. COUNTY	Nicomico	
	ŀ	b CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)			
	S	Salisbury. Md.	Salisbury				
		d. NAME OF HOSPITAL OR INSTITUTION (If not in h	13 Days	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?	
1	ηe	eer's Read State Hospi	tal, Salisbury, Md.	620 Idis	on St.	YES NO K	
in.		NAME OF First DECEASED	Middle	Las [‡]	4 DATE Manth	Day Year	
1		(Type or print) Netti	.e	Griggs	OF DEATH 9	11 19 67	
Z	. 2	SEX 6 COLOR OR RACE 7 M	MARRIED 🔄 NEVER MARRIED 🔲 🛭	DATE OF BIRTH	9 AGE (in years IF of lost birthday) Mon	NDER 1 YEAR OF UNDER 24 HRS. This Logys Hours Min	
		10510		uly 4,189	2 75 Yrs		
		USUAL OCCPATION (Give kind of work dane ing mast of working life, even it retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County &	& State, or foreign country)	2 CITIZEN OF WHAT COUNTRY?	
	9011	Domestic	INDUSTRI	Maryland		I.S.A.	
	13	FATHER 5 NAME		14. MOTHER'S MAIDEN N	IAME		
		George King		Phillis	Phillips		
	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? is, na, ar unknawn) ((If yes give war ar dates af servi	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address		
	[Yes	ss, na, ar unknawn) (If yes give war ar dates at servi		iel Leona	rd 633 Arthur.	St. Jelie Md	
		IB. CAUSE OF DEATH (Enter anly one cause per		ne neone	THU CAN THE STREET	NTERVAL BETWEEN	
	Н	PART I DEATH WAS CAUSEO BY:	Acute myocardial	failure		ONSET AND DEATH	
		443 × IMMEDIATE CAUSE (a) —				1 day	
		Conditions of any which agus 3	Hypertensive art	eriosclerot	ic cardiovascula	r Years	
	Ш	rise to immediate cause (a),			diseas		
	Н	storing the underlying couse			420000		
			DOUGHOUT DESCRIPTION OF STRATE TO A	TATE TERMINAL DISEASE COM	ID T ON CHIEN A DART 1/ A	19 WAS AUTOPSY	
40 ₀	₹	PART 1 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO BEATH BUT NOT RELATED TO T	THE TERMINAL DIDEASE CON	DIUN GIVEN N PART (d)	PERFORMED?	
rd.	₹					YES NO X	
	CERTIFICAT	20a ACC DENT WAS UNDER YING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED ((Enter nature of injury in f	Part I or Part II of Hem 18)		
	=	(IF EITHER, NOTIFY MEDICAL EXAMINER)			<u></u>		
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur a m.		E OF INJURY (Hame, farm ary, street, office bldg., etc.)		(County) (State)	
	墨	p.m. 19	of wark at wark	ary, street, office blug., etc.)			
	H	21. I certify that (1) (this hospital)				1907, that (I) (we) last	
	Ш	saw the deceased alive an	9/1 1/_ 19_67, and that	death occurred of	6:00 M, from couses and 6	on the date stated above.	
		22a SIGNATURE	2-2:11	ATTENDING	MED STAFF 22	b DATE SIGNED	
		(Marchen C)	MITTHE MO		DIRECTOR PHYS. KX	9/11/67	
		22. PHYSICIAN'S		22d. ADDRESS	1 01 1 7		
		NAME (Type) A. Cii	itchell, M. D.	Deer's Ho	ad State Hospita	1, Salisbury, id.	
	23a	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d ±OCATION (City as Tawn)	(County) (State)	
		REMOVAL (Specify) Burial 9/14/ 6	7. Green Acre	2	Selisbury	Md-	
	24	FUNERAL DIRECTOR	ADDRESS	2Sa REC'D	BY REGISTRAR 2Sb REGISTRA	AR'S SIGNATURE	
	1	1014 - 04		A SEE	P 13 1967 Miles	Willy July	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by, director, page 3 should be detached for use as the buriol-transit permit. Then please remays earbon papers. It should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours. Page 4 may be retained by the hospital or attending physician.

foreral

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3 113

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

13117

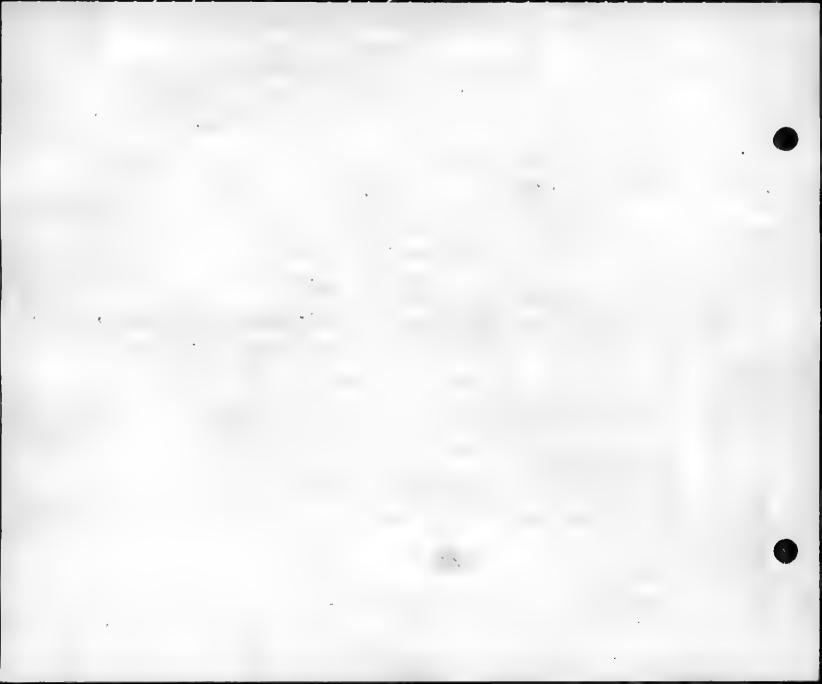
0		
and dea	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
the funeral ages 1 and s after dea	o. COUNTY Wicomico MARYLAND	o STATE Maryland b COUNTY Queen Anne's
ges offi	b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16	c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
Pa	write RURAL ond give incress town) 29 days	Centreville /
in E rs. 2 ho	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE
ed 77	Deer's Head State Hospital	Rt. #3, Box 181 ON A FARM?
725	3 NAME OF First Middle	Lost 4 DATE Month Doy Year
completely fulled in by the furnave farban papers. Pages 1 is event, while 72 hours after	OFFICEASED (Type or print) GERTRUDE	GROSS DEATH 9 19 19 67
e A	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
remave n any ev	F C WIDOWED DIVORCED	4-3- 1904 los withday) Months Doys Hours Min
rer rer n a	100 JSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT
ase nd i	during most of working life, even if retired) INDUSTRY	Queen Anne Md. COUNTRISA
Siciliary Siciliary	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
phy	Lambert Roberts	Minnie Barns
B E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	INFORMANT Address RFD.
signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, ar remaval, and in any	(Yes, no or unknown) (If yes give wor or dotes of service) 218-30-2230-D	Margaret Hawkins Centreville, M
pel pel tian	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
# isi	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Pulmonary embol	ONSET AND DEATH
45 51 51	765 Y DUE TO	
signed burial-t burial,	Conditions, if ony, which gove) (b)	
	nse to immediate couse (o), Stating the underlying couse DUE TO	
beer s the iar to	last. (c)	
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS ALTOPSY PERFORMED?
certificate has hed far use a ot. af Health pr	Fracture of right femur 200. ACCIDENT WAS UNDER, YING 200. DESCRIBE HOW INJURY OCCURRED TO RECONTRIBUTION CONTROL THE THER NOTIFY PROJECT FOR THE PROJECT OF THE PROJE	YES NO ES
far He	200. ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port I of tem 18.)
ed entitle	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PL	ACE OF Its JRY (Home, form, 20f (City or town) (County) (State)
de de l	Hour o.m. While Not While of work of work	ctory, street, office bldg., etc.)
RECTOR: After this certi 3 shauld be detached with the State Dept. af		at death accurred at 9:49 M, fram causes and on the date stated above
the did	saw the deceased glive on September 1919 67, and the	at death accurred at <u>9:49 M,</u> fram causes and on the date stated above
発売	220 SIGNAYURE	ATTENDING MED STAFF 22b DATE SIGNED
L DIRE		ID PHYS U DIRECTOR U PHYS 19/20/67
1 to	22: PHYSICIANS NAME (Type) L. V. Maldve, M. D.	22d ADDRESS
O FUNERAL DIR director, page shauld be filed		Deer's Head Hospital; Salisbury, Md.
	230 BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY OF	
TO FUNERAL DIRECTOR: After this director, page 3 should be detail should be filed with the State Dei	REMOVAL (Specify) burial 9-23-67 Gross fam	ily(private Rfd. Centravil) Md.
E A15 (4)	24. FUNERAL DIRECTUR ADDRESS	250 KEGISTKAK 250 KEGISTKAK 3 STONATUKE
SM 1/87 V/ 13	B.L. DASHIELL EASTON, MD.	DASEP 2 1 1967 Ochania Judge



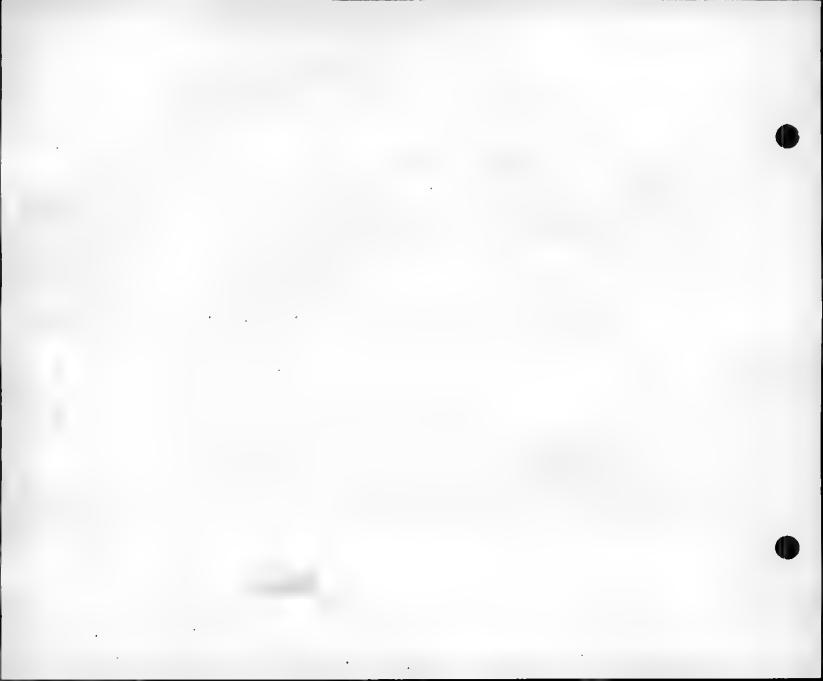
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13118 CERTIFICATE OF DEATH

- MM:		
	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
1 1 0 -8	o. COUNTY Wicomico MARYLAND	Maryland Somerset
e fr	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	(CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)
Page	write RURAL and give nearest town) Dallsbury Life Time	Princess Anne. /9 -
7.5. 7.5.	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. Street address e. IS residence on a farm?
Page 7	Peninsula General Hospital	YES NO Z
Page (3. NAME OF First Middle DECEASED (Iyoe or print) Almareta	Lost 4. DATE Month Doy Year
a de la		BOATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
equines that the definite territicate be executed within 24 that is one physician. signed by the attending physician and completely filled in by the fursional permit. Then please remave carbon papers. Pages burial, cremation, ar remaval, and in any event within 7,2 hours after burial, cremation, ar remaval, and in any event within 7,2 hours after the property of the property of the property of the property of the physician of	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	9/8/1915 51 birthday) Marths Days Haurs Min
be e rand lin a	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
an ase ase and a	during most of working life, even it/etired) ROLLEN	Maryland U A
ysici ple pl, a	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
nor ne della cermicale on. by the attending physician ransit permit. Then pleas remation, ar remaval, and	Edward Hayman	Daisy Jenes
ing ing	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17	INFORMANT Address
mit.	(Yes, no, ar unknown) (If yes give war or dates of service)	arley HorseyPrincess Anne, Maryland
aff per ion,	18 CAUSE OF DEATH (Enter only one couse per line far (o), (b) and (c))	INTERVAL BETWEEN
the nati	PART I DEATH WAS CAUSED BY.	semanciase jonse and pearly
by by ran ren	IMMEDIATE CAUSE (0)	
physician physician signed by burial-tra burial, cre	Conditions, if any, which gave \ (b)	·
Phy Sign sign ini	rise to immediate cause (a),	
an and to the total	stating the underlying couse	
trending as been as the priar tal	kast.) (c)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
atte atte has se a the	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17 WAS ADJOURN PERFORMED? YES IN NO P.
IAN: Indicate the far use the	₹ 200. ACCIDENT WAS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part 1 or Part II of item 18)
3 吉生っち	GR CONTRIBUTING CAUSE OF DEATH	true hoose or men and a contract to the ment to t
ach ach	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e PLA	ICE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote)
te D	Hour a.m. p.m. 19 While Not While of work of work	tory, street, office bldg., etc.)
retained by the hos ECTOR: After this ce 3 should be detache with the State Dept.	21 certify that (I) (this haspital) attended the deceased from	7-3 , 196 /, to 9 3 , 196 /, that (1) (we) los
를 를 끌고 를 드로	saw the deceased alive on 9-5 190 and that	at death accurred at 1300 M, from causes and an the date stated above
■ 温 日 巻 重 /	22a. SIGNATURE	ATTENDING MED. STAFF 22b DATE SIGNED
\$ 5 E S \$ 1	Weller & color of M	D. PHYS DIRECTOR PHYS 17-3-6/
Poge 4 may be retain TO FUNERAL DIRECTO director, poge 3 should be filed-with	22c. PHYSICIAN S NAME (Type)	22d ADDRESS
S S S S S S S S S S S S S S S S S S S	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)
Page 4 m O FUNER director, Should b	Burial Specify) 9/9/67 Mt Hope	Princess Anne, Maryland
L //a/1	24. FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66 10	William H James Jr Princuss Anne	Md DATE SEP 6 1967 fellanles : wife

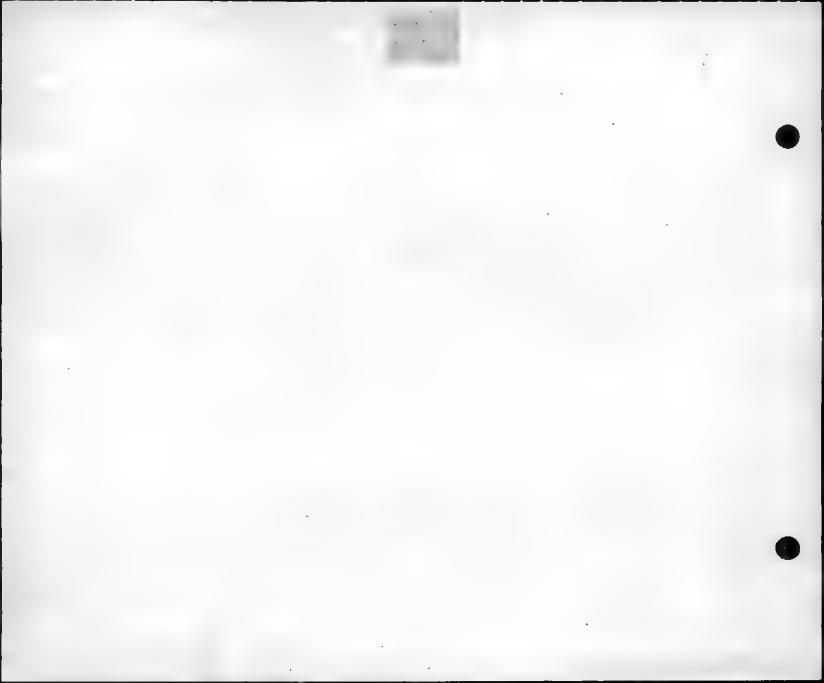


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 73119 CERTIFICATE OF DEATH PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE **b** COUNTY o. COUNTY pletely filled in by the functional papers Pages 1 of the function papers Pages 1 of the function of the function of the function of the factor of the facto elaware Sussex Wicomico MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 b CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) Salisbury Laurel rural IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES X NO F Peninsula General Hospital Sycamore 4 DATE 3 NAME OF Middle Lost Month Doy DECEASED DEATH DE EMBE TUTU (Type or print) IF UNDER 1 YEAR AGE (In years DATE OF BIRTH SEX 6. COLDR OR RACE 7 MARRIED **NEVER MARRIED** В. birthday) Months Doys and cal EMALE WIDOWED DIVORCED and in any 12 CITIZEN OF WHAT 10n 15 AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? ecse during roost of working life, even if retired)
HOUSEWLIE own home New York 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ℸ ar removal Annie Alfreda Fournier S. Edmund Fanning attending permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service signed by the atter burial-transit permit burial, cremation, a Laurel. Delaware no none Janosik. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO priar ta stating the underlying couse has been lost. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? be detached far use State Dept. af Health p CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port i or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20a. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram. Z, and that deoth occurred at ZA M, from couses and on the date stated above. saw the deceased alive on 196 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS M.D. PHYS 22c. PHYSICIAN' NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY (County) 23c. BURIAL CREMATION 23c REMOVAL (Specify) 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Laurel



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13120 13116 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH by the funerol b COUNTY o. COUNTY Wicomico MARYLAND OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If gutside carparate limits, popers. Puywrite RURAL and give nearest town) Salisbury e IS RESIDENCE ON A FARM? d STREET ADDRESS filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) □ NO 💢 Peninsula General Hospital Middle DATE Year Lost NAME OF OF DECEASED (Type or print) 201967 ete milos DEATH IF LINDER 24 HRS DATE OF BIRTH AGE (n years 6. COLOR OR RACE R S. SEX 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours \square WIDOWED DIVORCED EGRO and in an and E 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR ease during most af working life, even if retired) INDUSTRY physicion (ien please MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, cremation, or removal, 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, na, ar unknown) (If yes I've war or dates af service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). signed by the buriol-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospital or ottending physicion. 422 DUE TO Conditions, if any, which gave rise to immediate cause (a), Anier inis certificate has been si d be detached for use as the bu e State Dept. of Health prior to bu DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO YES 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20e. PLACE OF INJURY (Hame, form, (City or town) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year FUNERAL DIRECTOR: After this factory, street, affice bldg., etc.) Not While Hour o.m. While ot wark at wark a, to 20 des 21. I certify that (I) (this haspital) attended the deceased fram 10 1967, that (I) (we) last director, page 3 should and that death accurred at 7 7 M, from causes and on the date stated above. 1967 saw the deceased alive an 24 22b. DATE SIGNED. 22a. SIGNATURE ATTENDING DIRECTOR M.D. PHYS. 22d ADDRESS PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) 2 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1967 20 M

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3121 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. death funeral i 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Marvland Worcester Wicomico MARYLAND b CITY OR TOWN (f outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) CLENGTH OF STAY IN 16 write RURAL and give negrest town) Snow Hill Salisbury IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) eq Collins St. Robinson St. YES NO X 3. NAME OF Middle Lost DATE Dov Year First DECEASED Sept. 19 67 HILL (Type or pant) MARY DEATH and in any event, 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED Female Negro 12 CITIZEN OF WHAT TOD KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 100 USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY edse Own Home New Jersev Housewife 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, ar remaval, Unknown Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [If yes give war or dates of service] 17. INFORMANT Address 16. SOCIAL SECURITY NO. None 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). signed by the burial-transit p PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse be detached for use as the State Dept. of Health priar ta WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) this certificate has PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Not While foctory, street, office bldg., etc.) Hour a.m. of work at work **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased from M. fram causes and an the date stated above. and that death accurred at saw the deceased alive and 220. SIGNAJURE-ATTENDING directar, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIANS NAME (Type) Main St. Salisbury 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL CREMATION. 10/3 Zion Bantist Snow Hil 19 266 REGISTRARY SIGNATUS 24 FUNERAL DIRECTOR 250. REG D BY REGISTRAR VR A15 (4) Snow Hill. Md. DATE



VR A15

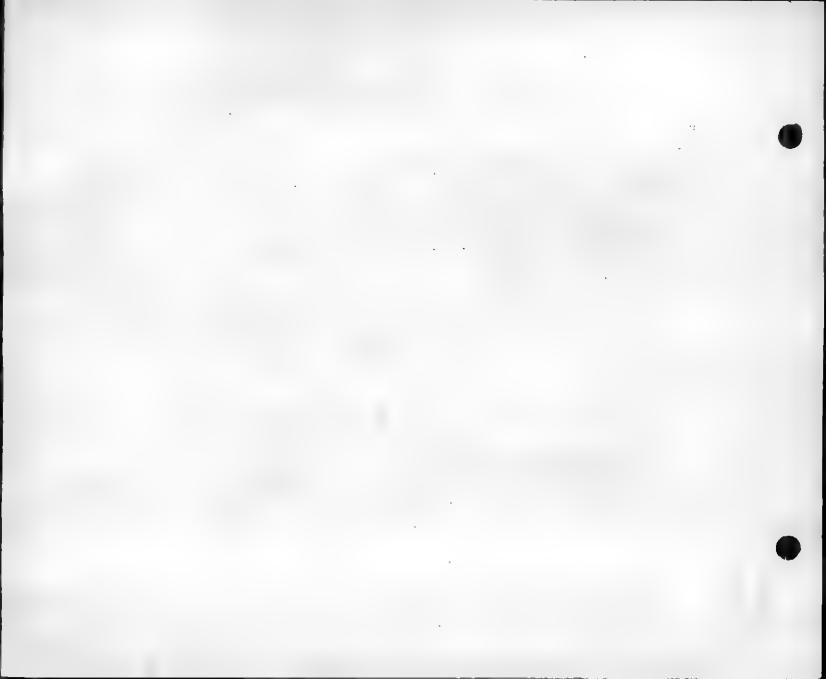
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 52100

			10125
1. PLACE OF DEATH	11	2. USUAL RESIDENCE (Where deceased	d lived, If Institution: Residence before edmission)
•. COUNTY Wicomico	MARYLAND	•. STATE Maryland	b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Adm. In Id	c. CITY OR TOWN (If oulside corporele I	mils, write RURAL and give necrest town)
Salisbury	9/5/67	Salisbury	,
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Peninsula General I	Hospital	703 Riverside	
3. NAME OF First	Middle	tast 4. DATE	Month Dey Yeer
DECEASED (Type or print) HARRY	LEE	HITCHENS DEATH	September 10 1967
5. SEX 6. COLOR OR RACE 7. MARRI		TIT LOUITING ((in years IF UNDER 1 YEAR IF UNDER 24 HRS.
14-1-		last	birthday) Months Deys Hours Min.
		y 25, 1893 7	14 yrs.
done during most of working life, even it retired)	MIND OF BUSINESS OR INDUSTRE		
		Sussex County, Dela	ware USA
13. FATHER'S NAME	1	14. MOTHER S MAIDEN NAME	
Peter C. Hitchens		Martha Phillips	
Man and a substitute of the same becomes a factor of the same of t	15-18-4407-81 4	rs. Aline M. Crowley 16 Wilkins Street, S	(Daughter)
18. CAUSE OF DEATH Enter only one cause per		of wilkins Street, S	alisbury, Maryland
	` ` A	1 2 '	ONSET AND DEATH
1 = 1/	tretral thron	ルイでンセラ	say _
C J - X DUE TO			
Conditions, if any, which (b)			
gave rise to immediate cause [a), stating the underlying DUE TO			
cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE COND	PERFORMED?
3			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Pert II of ite	m 18)
	N/A , INJURY OCCURRED 200 PLAC	E OF INJURY (Home, farm, ; 2Df. [City or to	wn) (County) (State)
Hour n.m. Whi	ileNot While factor	y, street, office bldg., elc.)	
₹ p.m. 19 et we	erk el werk		0/10 10
21. 1 certify that (I) (this hospital) atte			7/, 19.6/s, that (1) (we) la
saw the deceased alive on		leath occurred at 1AM, from the	causes and on the date stated above,
22a. SIGNATURE		ATTENDING MED. ST	AFF _ / SIGNE
It theauth from	ay M.O	PHYS. DIRECTOR PH	YS. □ Sept. // /1967
22c. PHYSICIAN'S NAME (Type)	7	22d. ADDRESS	
Dr. William D.	Gray	334 Camden Ave., S	alisbury, Maryland
230. BURIAL, CREMATION, 235 DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION	(City, town or county) (State)
Burial Sept. 12,196	7 Parsons Cemet	ery Salisbur	v. Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY, SALI	SBURY, MARYLAND	DATE SEP 1 3 19	67 Ithanles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13123 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH tuneral o. COUNTY Wicomico MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b City OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS completely filled in ove carban papers. YES NO 🖛 Hospita Peninsula General Year Middle Last Day NAME OF DECEASED 19 67 DEATH-(Type or print) even? IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH AGE (In years S. SEX NEVER MARRIED 6 COLOR OR RACE 7. MARRIED remove last birthday) Months Days Haurs DIVORCED and in any WIDOWED 12 CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY physician Pausik un Home Youse we 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ᆿ or removol, 16 SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) burial, cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) ONSET AND DEATH I-transit PART I. DEATH WAS CAUSED BY: signed by burial-trans IMMEDIATE CAUSE (a) be retained by the hospital or ottending physicion. DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the hos been WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20o, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20f. 20c TIME OF INJURY Month, Doy, Year factory, street, affice bldg, etc.) Haur a.m. Nat While at work at wark 19 6 7, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. . 196 / . ta and that death occurred at Z:50 PM, fram causes and an the date stated above. saw the deceased alive an. 226. DATE SIGNED 22a. SIGNATURE STAFF DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b DATE THEREOF 23o. BURIAL, CREMATION - REMOVAL (Specify) 1341131 24. FUNERAL DIRECTOR VR A15 20 M 1



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0120 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13124 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY Wicomico Maryland Wicomico 4 MARYLAND b CITY OR TOWN (If outside corporate mits, C LENGTH OF STAY IN 16 c CIY OR TOWN (flautside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hebron Hebron d NAME OF HOSPITAL OR (INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? for m R. D. #1 State YES NO [Levin Dashiell Road along with 3 NAME OF Middle Lost 4 DATE Month Doy DECEASED CLIFFORD **EDWARD** 27 67 HOPKINS September 19 (Type or pant) DEATH S SEX B DATE OF BIRTH AGE (In years FUNDER YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost burthdoy) 18,1919 Male White WIDOWED December DIVORCED Office and ? eveni 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working the even if retired) -INDUSTRY COUNTRY? Roofing Wicomico County, Maryland in pencil in I I Examiner's (0 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Clifford Hopkins Elnora (Nora Ellen) Phippin and Mrs. Ruth P. Hopkins (Wife) R.D.#1, Hebron, Maryland WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Chief Medical (Yes, no, or unknown) (If yes give wor or dates of service remaval, 214-10-9587 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c),) **burial-transit** ONSET AND DEATH PART I DEATH WAS CAUSED BY: Б IMMEDIATE CAUSE (a) burial, crematian, 4001 DUE TO Conditions, if only, which gove rise to immediate cause (a), farwarded ta **DUE TO** stoting the underlying couse last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES X NO agent, priar to 4 shauld be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port | or Port | of tem 18) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg , etc.) FUNERAL DIRECTOR: Page of work of work designated 23. I certify that I took charge of the remains described above, held on Autopsy [X]. Inspection X Inquiry and in my opinion the funeral director. death resulted from. Natural couses Accident Suicide Homicide Undetermined manner be retained

23c NAME OF CEMETERY OR CREMATORY

ADDRESS

Wicomico Memorial Park

Health or VR A15ME (5) 6M 1/66

delay

in Item 18. Give Pages

24 havrs after death.

This certificate should be executed within

please execute the certificate, writing the ward

ETA III R:

HOLLOWAY & SALISBURY, MARYLAND COMPANY.

September 30,1967

Ph/lip

116

EXAMINER'S

NAME (Type)

230 BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Spec fy) Burial

Insley

Main St., Salisbury, Md.

2So. REC D BY REGISTRAR 196

23d LOCAT ON (City or Town)

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER X

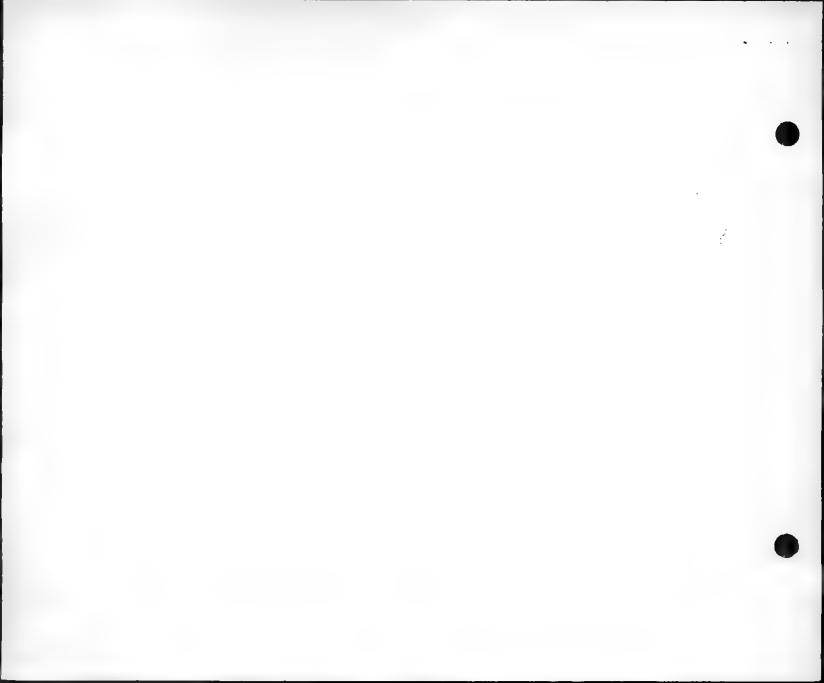
Address (Street, city, town, or county)

Salisbury, Maryland 25b. REGISTRAR'S SIGNATUR

Xeptember 28/1967

22. DATE SIGNED

(Stote)



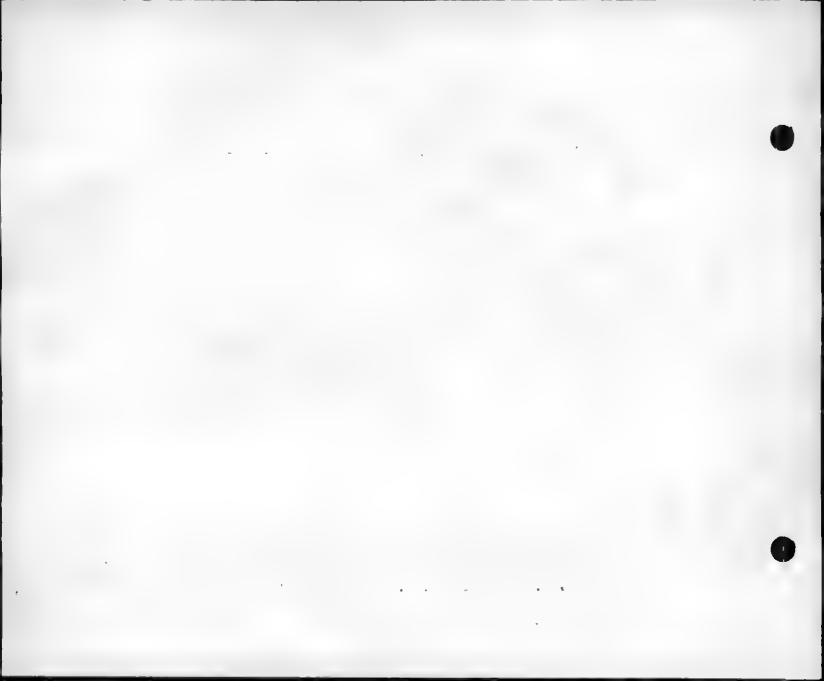
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retained by the hospital or attending physician.

10,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

~ (NN		and the PW JCs	CERTIFICATE	OF DEATH	13725
de ond in the left		PLACE OF DEATH COUNTY VICOMICO		2 USUAL RESIDENCE (Where deceased lived, o STATE Maryland	f institution. Residence before admission) b COUNTY Wicomico
letely filled in by the funerol arbon papers. Pages I and fig., within 72 hours after death		CITY OR TOWN (If autside carporate maits,	MARYLAND c LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside carparate limits,	
yd r yd s		Salisbury NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, g	72 days	Bivalve d STREET ADDRESS	e IS RESIDENCE
per in 72	Ľ	Deer's Head State Ho		G SIREET ADDRESS	ON A FARM?
all partition of the pa	3	VAME OF First	Middle	Lost 4 DATE	Month Doy Year
arbor nyt, wi		Type or print) Lateral Target State		RSMAN OF DEATH	9 21 1967
remove ra ony ev	5 :	EX 6 COLOR OR RACE 7 MARRIED WIDOWED	NEVER MARRIED 8	DATE OF BIRTH 9 AGE (In	
The second secon			ND OF BUSINESS OR DUSTRY	II BIRTHPEACE (County & Stote, or foreign coun	
2 2 -	13.	FATHER'S NAME	71 -5 777	14. MOTHER'S MAIDEN NAME	1
ph hen nove	J	Zmes W.P. Horsz	nan	SZYZh Mo	exson
physician. signed by the offending physi buriol-transit permit. Then pl buriol, cremation, or removol,		WAS DECEASED EVER IN . S. ARMED FORCES? s, na, or unknown) (If yes give war ar dates of service)	SOCIAL SECURITY NO. 17 II	Vollie Horsma	n Bivalve, Md.
physician. signed by the off buriol-transit pen buriol, cremation.		18 CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY LACK MEDIATE CAUSE (a)	(o), (b), and (c)) ennec's cirrhos	is (far advanced)	INTERVAL BETWEEN ONSET AND DEATH
iciar id by Il-tro		DUE TO			
ohys igne ourio		Conditions, if any, which gave (b) (b) (b)		<u> </u>	
or attending properties to hos been suse os the bath prior to be		stating the underlying couse DUE TO last. (c)			
attend hos be se os th prio	N.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T			T I(a) 19 WAS AUTOPSY PERFORMED?
or at	CATIC	Intertrochanteric fra			YES NO 🔀
ospital or certificate hed for us st. of Healt	CAL CERTIF CATION	206 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of itei	n 18)
P # # # #	MED CA	20c TIME OF IN, URY Month, Doy, Year Haur am pm 19 at work	hat White facto	E OF INJURY (Home, form, 20f (C :y ar ary, street, affice bldg , etc.)	tawn) (County) (Stote)
773 < mrs. (1)		21 I certify that (I) (this haspital) attends saw the deceased alive an September	led the deceased from u.r. 2119 67, and that	ly 11 , 1967 , toSept death accurred at 2:00AM, fram	causes and an the date stated above
IRECTC PIRECTC Pe 3 sho		220 STENATURE Les inviere	OI T. M.D		AZ 1791 3/57/01
4 may be retained FERAL DIRECTOR: A For, page 3 should Id be filed with the		22c PHYSICIAN'S NAME (Type) C. H. Winnacott	, M. D.	Deer's Head State	Maryland Hospital, Salisbury,
Poge 4 moy be retoined 10 FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a	BUR AL (REMATION, 23b DATE THEREOF REMOVAL (Specify)	BIVELVE	REMATORY 23d LOCATION (C	y or Town (County) (State)
VR A15 (4) 25M 1/67	24	HIMERAL DIRECTOR 12 Society 1.	SIVAIVE, M	J- 250 RECD BY REGISTRAR DATE CED 2 5 196	256 REG STRARS SIGNATURE

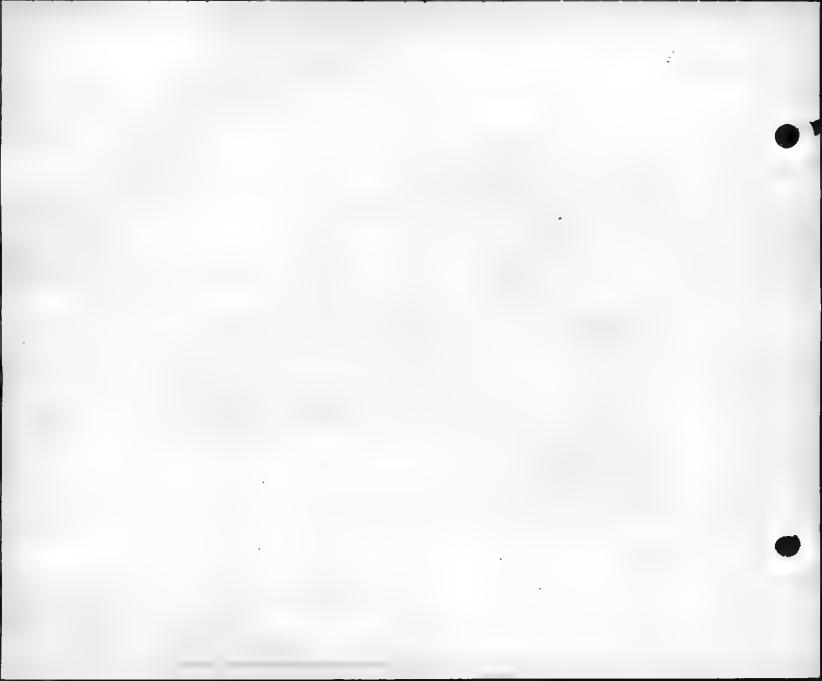


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

~ ~ ~	CERTIFICATE OF DEATH
and and er o and	PLACE OF DEATH o. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY TO METS EL
s. Pages havrs aft	b CITY OR TOWN (If outside corporate lim'ts, write RURAL and give neorest town) write RURAL and give neorest town) RURAL and give neorest town) RURAL Princess Anne.
Ind in John 72 h	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Peninsula General Hospital d. STREET ADDRESS e IS RESIDENCE ON A FARM? VES NO
arban	NAME OF First Middle Wounderd 4. DATE Month Doy Year OF DECEASED (Type or print) ERNEST James Wounderd DEATH September 29 1967
any event	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years los burbley) MAYE WIDOWED DIVORCED DEC 3 1879 9. AGE (In years los burbley) On I SHALD OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT
physician and cam en please remave aval, and in any ev	uring most of working lile, even if retired) INDUSTRY CeJa/Hall ya COUNTRY?
ng phys Then p emaval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT
attending p permit. The ian, ar remo	(Yes, no, or unknown) (If yes give was ar dates at service) Mrs. Mary Howard Princers Anne Md
by the ransit cremat	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SISEL D. DESTH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost (c) DUE TO DUE TO DUE TO (c)
has se a th pi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)
certificate hed for u	Drawhea & Mormia . 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTIN
er this e detacl ate Dep	20c. TIME OF INJURY Month, Day, Year Hour o m. p.m. 19 20d INJURY OCCURRED While of work of the order of work of the order
cTOR: Aft shauld b ith the St	21. I certify that (I) (this haspital) artended the deceased from
DIRECT age 3 st filed wit	M.D. ATTENDING MED. STAFF PHYS. 22c PHYSICIAN'S 22d ADDRESS
FUNERAL director, po	NAME (Type) OSDIAL BURTON Medical Center. Alisbury Marylane 239 BURIAL CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town) (County) (State)
2 5	BREMOVAL (Specify) 10/1/67 Beechwood Africers Anne Somerset Md. Appress Director 250 REGISTRAR 250 REGISTRAR'S IGNATURE 360
VR A15 (4)1 20 M 1/66	anes Dennan Princes Home DATOCT 3 1961 Julianes Judge

TO HOSPITAL OR ... ANDING PHYSICIAN: The law requires that the death certificate be executed within 2- ... us after death

Page 4 may be retained by the hospital or attending physician.



MARYLAND STÂTE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Tond 2

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the fundal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon capers. Pages, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remavol, and in any event, within 12 hours after death.

3

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4)

deoth.

	18140	CERTIFICATE	OF DEATH		33127
ì	PLACE OF DEATH COUNTY Wiconico	MARYLAND	2. USUAL RESIDENCE (When o. STATE	e deceased lived, if institution b COUNTY	Residence before admission)
	b. CITY OR TOWN (If autside corporate imits, write RURAL and give nagrest town)	c LENGTH OF STAY IN 16		corporate limits, write RURAL	L and give rearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h Peninsula Gen	ospito, give street oddress) Lersl Hospital	d STREET ADDRESS	torick p	e IS RES.DENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Katherine		reton	DATE Month OF DEATH Septem	DOY YEAR 1 19 6 7 IF UNDER 1 YEAR 1 IF UNDER 24 HRS
E	/ \\\	AARRIED NEVER MARRIED B	DATE OF BIRTH	lost birthdoy)	Months Doys Hours Min.
dur	ing most of working life, even if retired)	INDUSTRY_	14. MOTHER'S MAIDEN NAM	Kin.	COUNTRY?
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 IN	IFORMANT	Address	**
(Ye	is, no, or unknown) (If yes give war or dates of serv 1B. CAUSE OF DEATH (Enter only one cause pe	1	16-: 1	will - whi	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: //) / IMMEDIATE CAUSE (o) DUE TO	Cari nometo		7	ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse (c)	12 31/1	en Of le	eny.	1 c Ros-
ATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(e)	19 WAS AUTOPSY PERFORMED? YES NO
A CERTIFICATION	20o ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (· · · · · · · · · · · · · · · · · · ·		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While factor	F OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (1) (this haspital sow the deceased alive on		death occurred at		, 19, that (I) (we) los nd an the date stated above 22b. DATE SIGNED
	22c. PHYSICIAN'S	W. The MD	ATTENDING MEI PHYS DIR 22d. ADDRESS	ECTOR PHYS.	9-16-67
230	NAME (Type) D BURIAL, CREMAT ON, REMOVAL (Specify)	23c NAME OF CEMETERY OR C	16	23d LOCATION (City or Town	n) (County) (State)
24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY		ISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13128 CERTIFICATE OF DEATH be executed within 24 hours after denth. 2. USUAL RESIDENCE (Where deceased fixed, if institution Residence before admission PLACE OF DEATH a. STATE h COUNTY o. COUNTY comico MARYLAND Poges, the b. CITY OR TOWN (If autside carporote fimits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest tawn) write RURAL and give nearest town) completely filled in by carbon papers. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Peninsula General Hospital YES NO within NAME OF Middle 4 DATE Month Dov Year OF DEATH DECEASED (Type or print) bunol, cremotion, or removal, and in any event, IF UNDER 1 YEAR IF UNDER 24 HRS SEX 9. AGE (In years 7. MARRIED NEVER MARRIED remove last pirthdoy) Months Doys Hours DIVORCED WIDOWED oug BIRTHPLACE (County & State or foreign country) .12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a USUAL OCCUPAT ON (Give kind of work dane during mast of working life, even if retired) physician o nen please INDUSTRY COUNTRY? The low requires that the death certificate ONE MOTHER'S MAIDEN NAME 13 FATHER SANAME offending IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, acynthrawn) ((If yes give war ar dates of service INTERVAL BETWEEN signed by the c buriol-tronsit po CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physicion. DUF TO Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to hos been lost. 19. WAS AUTOPSY PERFORMED? PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO K FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for us 20g ACCIDENT WAS UNDERLYING [1] 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II at item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame, farm, (County) (State) 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While While at work at work 21. I certify that (I) (this haspital) attended the deceased from. 1967, and the deoth accurred at 530 M, fram/causes and on the date stated abave. sow the deceased drive on 22b. DATE SIGNED 22a SIGNAPURE **ATTENDING** MED. STAFF 区 DIRECTOR M.D. PHYS. ADDRES! 22d 22c. PHYSICIAN'S NAME (Type) (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b DATE THEREO 23d LOCATION (City or Town) (County) REMOVAL (Specify) 2 24. FUNERAL DIRECTOR ADDRESS, 2Sb.

VR A15 (4)/ 20 M 1/661



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician

VR A15 (4) 25M 1/67

10

TO FUNERAL DIRECTOR: After this certificate nos been signed by the attending physicion ond completely filled in by the director, page 3 should be detached for use as the burial-trans t permit. Then please remaye carbon papers. Page should be hed with the State Dept. of Health prior to burial, crematian, or removol, and in any event, within 72 hours of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

181	2.5		CERTIF	FICATE	OF DEATH			3	312	9
PLACE OF DEAT	Н				2 USUAL RESIDENCE (Where dece			e before odmi	ission)
o. COUNTY	Wicomico		MAR	YLAND	o STATE Mar	yland	b. CO1	Some	rset	V
b CITY OR TOW	N (If outside corporate limits,	(LENGTH OF STAY	IN Ib	c. CITY OR TOWN (If or	67)
Write KUKAL	ond give negrest town) Salisbury		5 days	3	Pri	ncess	Anne			
d NAME OF HOS	SPITAL OR INSTITUTION (If not in hi	ospital, give	street address)		d. STREET ADDRESS					ESIDENCE A FARM?
	Deer's Head St	ate H	ospital		Rt.	3, E	30x 203		YES [
3. NAME OF	First	<u></u>	Middle		Lost	4. DATE	Mor	ith	Doy	Year
(Type or print)	MARY		L.		JONES	OF DEAT	н 9		10	19 67
S. SEX		ARRIED	NEVER MARRIE	D 8	DATE OF BIRTH	(1)	9 AGE (In years lost birthdoy)	IF UNDER 1	Doys Hou	DER 24 HRS
F	0	DOWED 🔼	d	D 🔲	1/15/1890		77 yrs			
	IION (Give kind of work done ting life, even if retired)	10b. KIND INDUS	OF BUSINESS OR		11 BIRTHPLACE (County	& State or	foreign country)		IZEN OF WHAT UNIRY?	
Ret:	ired		ired		Virgin	a		11	SA	
13 FATHER'S NAM	E			}	14. MOTHER'S MAIDEN	NAME		-		
	7					2				
	EVER IN U.S. ARMED FORCES? (If yes give wor or dotes of serve		TAL SECURITY NO		NFORMANT		Add			
		1			tthe Ande	rsor	.Candor	1 N.J.		
	F DEATH (Enter only one couse per DEATH WAS CAUSED BY:	, ,							INTERVAL ONSET AN	BETWEEN D. DEATH
	IMMEDIATE CAUSE (o)	Cere	bral vas	cular	accident				ONSET AN	iin.
443	/ DUL IQ	7.7						,	32	
	ony, which gove) (b)	нуре	rtensive	arte	riosclerot	le ca			Year	'S
	nderlying couse DUE TO						a1	.sease		
lost.	(c) R SIGNIFICANT CONDITIONS CONTRIB	BUTING TO I	DEATH OUT NOT DE	TATED TO T	UF TENHINAL DISEASE CO	NDITION OF	WEST IN DARK 1/-)		I 10 WAS A	HITORCY
S PAKI II OIHE	K SIGNIFICANT CONDITIONS CONTRIB	BUHNU IU I	ZEATH BUT NOT KE	LAILU IU I	HE TERMINAL DISEASE CO	NUITION GI	VER IN PART I(0)		19. WAS A	
S 20- MILITAR	WAS UNDERLYING	ant Desco	ADE HOW INDEX (occupaca /	Enter noture of injury in	Part I av D	(1 of its 10)		YES	NO DE
OR CONTRIBUT	ING CAUSE OF DEATH	ZUD. DESCR	IDE HUW INJUK? C	JEEUKKED. (cuser notore or sulary in	ron i or r	off it or them to)			
(IF EITHER, NOT	TIFY MEDICAL EXAMINER)	204 101111	RY OCCURRED	no plac	E OF INJURY (Home, fare	n. 20f	(City or town)	t(a)	inty)	(Stote)
20c. TIME OF Hour	INJURY Month, Day, Year o.m.	White -	- Not While -		ory, street, office bldg., etc.		(cut or rosari)	(400	11177	(310.6)
	p.m. 19 ertify that (I) (this hospital)	ot work L	ot work	L Sei	ntember 5	1067	Santamb	or D106	7 0 -1 10	· () I.
Z1, I ce	ernry mar (1) (ints nospital) e deceased alive on Sept i	ember ember	1010 67	that han	death accurred at	2P	M from rouses	and an th	L , inoi (i)	ted above
22g SIGNATU		A	<u> </u>	grid iller	dealli decolled di		, 1011 (0030)		TE SIGNED	100 00040
1//	SAINTE	his	1/	M.D	ATTENDING D	MED DIRECTOR	STAFF PHYS		11/67	
22C. PHYSICIA	IN'S A CO Min to be		N D		22d. ADDRESS			Mar	yland	
NAME (T	ype) A. C. Mitch	ierr,	M. D.		Deer's He	ad St	ate Hosp	ital,	Salisb	ury,
230. BLRIAL, CREM			23c NAME OF CEM	AFTERY OR O	REMATORY	23d	LOCATION (City or T	own)	(County)	(Stote)
BUYYL	(city) 9/17/6	7	St Jam	105			riele,M	aryla	ind	
24 FUNERAL DIRE	CTOR		ADDRESS			D BY REGIS	STRAR 2Sb F	REGISTRAR S SI	IGNATURE	
Willian	n H.Jemes Jr.	Prin	cess Ar	ne.M	Id DATE SE	P 14	1967	Mary	les Jus	yes.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13130

13125

CERTIFICATE OF DEATH

- 1		O COUNTY TA	icomico				o. STATE	CE (white detec	b COU		letore damission)
- 1	,	o cooming M	TCONECO		MARY	LAND		arvland		Wicon	ninina
	1		f autside carparate fimit	5,	c LENGTH OF STAY IN	l lb	CEITY OR TOWN (
		write RURAL and	lawe negrest town)		16 yrs.		Sali	isbuby		5	
					_		d. STREET ADDRESS				e IS RES DENCE
			AL OR INSTITUTION (IF no		line street oddress)		N		-1 (1)		ON A FARM?
			East Church	St.			11131	East Un	urch St.		YES NO-
		NAME OF		rst	Middle		Lost	4. DATE	Mon	th	Doy Year
V		DECEASED (Type or pnnt)	WILLIA	M	JAMES		KEESTER	OF DEATH	9	-	1967
-1	5. 5		6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9 AGE (In veors	I IF UNDER 1 YE	AR I IF UNDER 24 HRS
1	M	ale	White	WIDOWED .			6-6-1889	-	(ast birthday)	Months Do	ys Hours Min
	10o	USUAL OCCUPATION	(Give kind of work done	10b KI	ND OF BUSINESS OR		11 BIRTHPLACE (Cou	unty & State or fo	reign country)	12 CITIZE	N OF WHAT
	duri	ing most of working Retir	life even if retired)	Coal	DUSTRY St Guzrd		1	inois	3 17	COUNT	J.S.A.
		FATHER S NAME	eu	Jour	SU GUALLU		14 MOTHER'S MAID				J.O.A.
	13.										
		****	Jamesm Harv		ester		Adela		ilkes		
	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates o	16 5	SOCIAL SECURITY NO.	17	NFORMANT		132 E. AM	ain St.	
	(14	YES	1907-1949	ii service)		Ri	chard Cull	len	Salisbur	, Mary	
		1B. CAUSE OF DI	ATH (Enter only one cou	se per line for	(o), (b), ond (c),) A -		1)				INTERVAL BETWEEN
	- 1		'H WAS CAUSED BY- IMMEDIATE CAUSE	(a) (l) A	hiralo	W)\	FMeu	MONLO			ONSET AND DEATH
		16/X	DUE	1.1			1	7	, 1		
		Conditions, if ony,		(b) O	Joreman	00	DOTA	alex	111.		0
		rise to immediat			10 11	<u> </u>	(7-7)		1		11 1
		stoting the under	lying couse	(a) (a	HALL SI	(4)	at Il	BH. YA	into		tulas.
									(CN IN DARY I/o)		19 WAYA_TOPSY
L	8										
5-	5										YES NO X
	CERTIFICATION	20o ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	206 DE	SCRIBE HOW INJURY OF	(URRED	(Enter nature of injury	y in Port 1 or Po	ort II of item 18.)		,)
			MEDICAL EXAMINER)								
	WEDICAL	20c TIME OF INJU	RY Month, Day, Year		JURY OCCURRED		CE OF NJURY (Home,		(City or fown)	(County	(Stote)
	A.	Hour 'o n	2.6	While of work	Not While	foci	ory, street, office bldg ,	, etc.)	0	1	
			y that (I) (this has			fram (1111	1967	to dear	196	that (1) (we) last
			eceased alive on	A COLON	1967,0	nd tho	denta accurred	nt 0.15			date stated obove.
		220 SIGNATURE	reased diffe on	7		110	design decimed	41-0-1	ii, troiii dayaes	22b DATE	
		220 SIGNATURE	, _	Mas	/())\	J	ATTENDING ATTENDING	6 MED	STAFF C	7 9/	15/17
		50 BUNGLIGANIS	1 deans	RAINTE	eller,	M		DIRECTOR	PHYS L		3,101
		22c. PHYSICIAN'S NAME (Type)	100	0, 9	CAD INIT	bT	22d. ADDRESS	1700-1	100 th	~ / - /	Lever Mill
`		L			OTIKANE	. N J	El ING	auca;	Lewy	7) HOK	asleery Ind
	230	BURIAL, CREMATIC			23c NAME OF CEME			23d 1	OCATION (City or To	virg	unty (Stote)
1		BENEATH Deal	9-18-3	1907	Arlington	Nat	. Cemeter	y A	rlington	Virg	Titter
Ì		FUNERAL DIRECTO			ADDRESS		250	RECID BY REGIST		EGISTRAR'S SIGN	
	Hi	ill Funer	al Home	Salis	bury, Mary	land	DATE	SEP 18	1967	Charle	Inder.
E						-					

IONERAL BILLCTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the buriol-transit permit. Then please remaye carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or remayal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of Page 4 may be retained by the hosp tal or attending physicion

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		10127	CERTIFICATE	OF DEATH		13131
ン	1. [PLACE OF DEATH O COUNTY Wicomico	MARYLAND	2 USUAL RESIDENCE (Where deceosed liv a. STATE Delaware	ed, if institution, Residence b. COUNTSUSS	e before admission)
	i	b CITY OR TOWN (If outside corporate limits, write RURAL and gue negress town)	c LENGTH OF STAY IN 16	Georgetown,		
The state of the s	(d. NAME OF HOSPITAL OR INSTITUTION (If not in h Feninsula Gen		d street address 814 e. Market S	treet,	e is residence On a farm? Yes NO
		NAME OF First DECEASED (Type or print) Charles	B Middle	Lost 4 DATE OF DEATH	Manth extember the years IF UNDER	
	1	1 1 1 1 1 1	DOUGLE DIVOKETO	Nov. 2.1895 74	Months Yrs	Days Hours Min
	durj	JUSUAL OCCUPATION (Give k nd of work done		11. BIRTHPLACE (County & Stote, or foreign of Lice. Harrington	, Del. 0	ZEN OF WHAT
	13	father's NAME Benjamin Kno	x	14. Mothers Maltha Sapp		
		. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar dotes of serv		Mrs. Flora Knox 4. F. Market St.	(Wife)	m Doll
		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if only, which gove rise to immediate couse (a), stating the underlying cause lost. (c)	line for (a), (b), and (c))	Pemorrhagia Sicoti Pordinoscular D	,	IMERVAL BETWEEN ONSET AND DEATH
3	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRI				19. WAS AUTOPSY PERFORMED? YES NO
		2Do ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of		
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19	While hot While fact	ory, street, office bldg., etc.)	y ar town) (Cau	
			attended the deceased fram_ 1962, and tha	8-26-, 1962 , to t death accurred at $750P$ M, from	im causes and an th	ne date stated above
		220. SIGNATURE	& Cilffa CMI	D. ATTENDING MED. DIRECTOR DIRECTOR DIRECTOR	CTACE	ATE SIGNED 16-67
1		22c. PHYSICIAN'S Ar. James		Medual Cents		in Me
			19.67. NAME OF CEMETERY OR HOLLYWOOD		rington. I	- 4 p.
	24	FUHRSTIEWay & Co. Sa	alisbury, Md.	250. REC'D BY REGISTRAR DATE SEP 19 19	67 PEGISTRAR'S SI	GNATURE CONTINUES

pletely filled in by the funeral cordon papers. Pages 1 and 2 and death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Control TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cortions shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event well Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

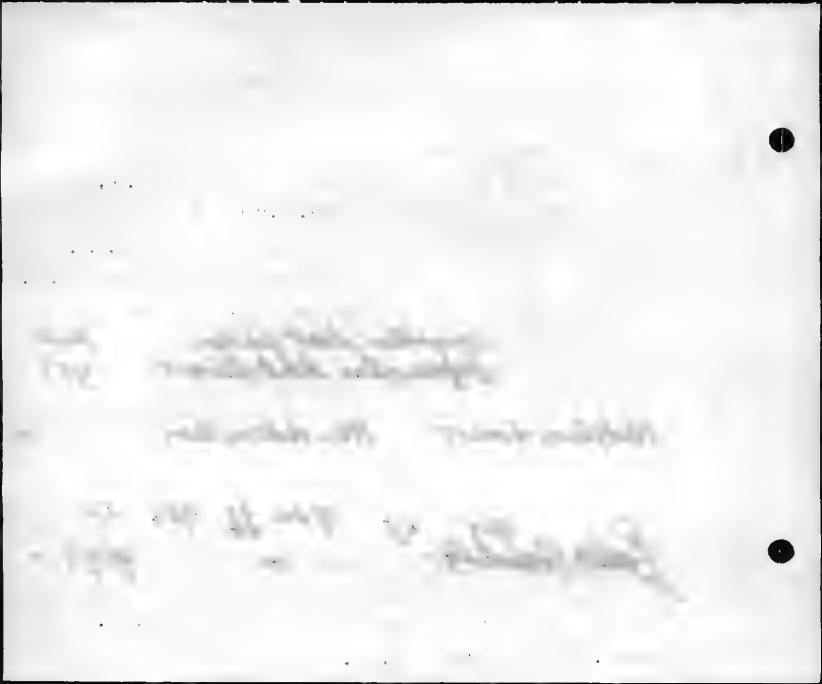


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysician and completely filled in by the fundal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evolut, within 72 hours after dept. 24 hours after death. D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

THE SECTION OF THE SE	E UT DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. CDUNTY WICOMICO MARYLAND	* Maryland somerset
b. CITY DR TDWn (If outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (if outside corporete limits, write RURAL end give nearest town)
	1 4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	FAIRMOUNT d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
WICOMICO NURSING HOME	YES NO 🖈
3. NAME DF First Middle DECEASED (Type or print) WILLIAM KRA	Lest 4. DATE Month Day Year DF DEATH SEPT.16.196719
Title:	B. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR HE UNDER 24 HRS.
NATO WITTENES	SEPT.11.1890 77 vrs. Months Days Hours Min.
MALE WHITE WIDOWED R DIVORCED	SEPT.11,1890 77 yrs. WHAT
during most of working life, even if retired) INDUSTRY	CDUNTRY?
NONE	OHIO U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NOTKNOW	WELFARE OFFICE PRINCESS ANNE.MD.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service).	INFORMANT Address
	LFARE OFFICE PRINCESS ANNE, MD,
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b) and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: (IL a as Viene.	ONSET AND DEATH
42 6 MMEDIATE CAUSE (a)	savi gardine ours.
DUE TO //o line and	· lost tolicas o like
Conditions, If any, which gave rise to immediate (b)	cally ceration. 413.
cause (a), stating the DUE TO	
underlying cause last. (c)	
PARTIL OTHER IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REAL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
15 Hodgkins disease - 11	QU. TURCISIOSI YES NO NO
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Port I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While - Not While - facto	ry, street, office bldg., etc.)
	charte aline
21. cartify that (I) (this hospital) attended the deceased from	7 to 7 to 19 that (I) (we) last
	death occurred at AM, from the causes and on the date stated above.
276. POTGNATURE	ATTENDING MED. STAFF 22b, DATE SIGNED
Town Allers M.D.	
NAME (Type)	22d. ADDRESS
Manual (1) box	
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER BURIAL 9/19/1967 FAIRMOUNT	CEMETERY FAIRMOUNT, MD.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
TENTN D WITCHN DDINGERS 1995	DATE SEP 2 2 1967 / CON 19
LEVIN R. WILSIN PRINCESS ANNE. MD	DATE OF THE SECOND

VR A15 (4) 15M 4-64



VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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-1	3	2	0 1	10	
	-	-		0	

CERTIFICATE OF DEATH

13134

	_01.0	CERTIFICATE	OF DEATH	
	PLACE OF DEATH			ved, if institution: Residence before admission)
(Jicomico	MARYLAND	o. STATE Maryland	b. COUNTY Wicomico
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		nits, write RURAL and give neorest town)
	write RURAL and give nearest town)	10 days	Salisbury	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Peninsula Gen	eral Hospital	609 Oak Hill	YES NO X
	NAME OF First	Middle	Lost 4. DATE	Month Day Year
	OECEASED (Type or print) LIDINION	MARION Le	Cates DEATH &	September 15 1967.
_		MARRIED NEVER MARRIED	DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
N	Pale White W	IDOWED DIVORCED	July 7, 1924	t birthdoy) Months Deys Hours Min
	. USUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign	country) 12 CITIZEN OF WHAT COUNTRY?
duri	ing most of working life, even if retired)	Paper Box Co.	Maryland	U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	<u> </u>
	Maruion Isaac Le	ecates	Irma Blanche C	antwell
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) ((If yes give wor or dotes of servi	16. SOCIAL SECURITY NO. 17	NFORMANT	Address
{1 e	WW II	218-16-6206 M	rs. Elizabeth Lecat	es see #2
	18. CAUSE OF DEATH (Enter only one couse per	r line for (o), (b), and (c).)	0	O INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Uremia _	Kenal Ja	slure ONSET AND DEATH
	DUE TO	0 + + . 0	1 /V-	
	Conditions, if any, which gave (b)_	Intestinal	Olistrudus	n -
	stating the underlying couse DUE TO			
	lost. (c)			
증	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN	PERFURMED?
ŝ				YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II o	f item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o.m.	While Not While forty	CE OF INJURY (Home, form, 20f. (Cit ory, street, office bldg., etc.)	ry or lown) (County) (State)
ž	p.m. 19	of work of work		
	21. I certify that (I) (this haspital		, 19 ta	, 19, that (I) (we) las
	saw the deceased alive an	19, and that	t death accurred at 11 4 M, fr	am causes and an the date stated abave
	220. SIGNATURE	Warsel MI	D. PHYS. DIRECTOR D	STAFF PHYS.
	22c, PHYSICIAN S		D. PHYS. L. DIRECTOR L. 3 22d. ADDRESS /2	
	NAME (Type) NABIL	F. WARSA	22d. ADDRESS Pennsul	e. Gen. Hesp
230	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OR	CDEMATORY 224 LOCATIO	DN (City or Town) (County) (State)
	BURIAL, CREMATION, REPUBLICATION, REPUBLICATION 9/18/196	7 Saloam Ceme	tery Silo	am, Maryland
24	FUNERAL DIRECTOR	ADDRESS	250. RECD BY REGISTRAR	25h REGISTRAR'S SIGNATURE
	Hill Funeral Home	Salisbury, Marryl	and DATE SEP 19 19	101 genaries Judge

TO HOSPITAL OR ATTENDING PHYTICIAN: The law requires that the death certificate be executed within 24 heurs after dept Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 actions to the filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after deather deather the state Dept. VR A15 14



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13137

CERTIFICATE OF DEATH

13135

-1		20101	CERTIFICATE	OF DEATH		30100
ŀ	1. 1	PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived, if institution	1: Residence before admission)
	(Wicomico	MARYLAND	o STATE Mary	land b COUNT	Caroline
	- {	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		itside corporate limits, write RURA	L ond give neorest town)
		write RURAL and give nearest town) Salisbury	ll days	Pres	ton	
ı	(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE
4		Deer's Head State H	ospital			YES NO
ſ	3. 1	NAME OF Cleaven on First	Middle	Lost	4. DATE Month	Doy Year
		OFFICEASED (Type or print) CLEVELAND	GROVER	LEWIS	OF DEATH 9	18 1967
Y	5. 5	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		IF LINDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
4		™ C widowed		-8-1895	72 YIS	
	10o.		ND OF BUSINESS OR Dustry	11. BIRTHPLACE (County	& Stote, or foreign country)	12 CITIZEN OF WHAT
		Farmen		Fauguie	o Co. Va.	ZUS.A
	13.	FATHER'S NAME		14 MOTHE S MAIDEN		
	1	Charle Lewis		ZLNKNOW		
		s, no, or unknown) (If yes give war or dates of service)		NFORMANT	Address	
		NA	Ire.	orce-he	WIS1810E.Ed	
		18. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY-		HELLER !	40000	INTERVAL BETWEEN ONSEL AND DEATH
		IMMEDIATE CAUSE (o)	04251102	VECTA	C. C. C.	Movers
		Conditions if ony, which gove) Out To	1. Sun Valout	a Xtecas	Wisoco.	Cherry S. Ca
		nse to immediate couse (a),		ha.	71220	17000
		stating the underlying cause (c)	neral à zeal	avorio,	0000000	42013.
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	CERTIFICATION	hues &	and the same of th	Marie 1	etois d	YES NO P
	KTE	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DES OR CONTRIBUTING ☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED.	Enter noture of injury in I	Part I or Part II of Hern 18)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MED.CAL	Hour 'o.m. While	Not While focto	E OF INJURY (Hame, farm pry, street, affice bldg., etc.)		(County) (State)
		21. I certify that (I) (this hospital) attend		ptember 7 1	967 to September	eroof that (I) (we) last
		sow the deceased olive on Septemb	er 189 <u>67</u> , and that	death occurred at	4 A M, from causes a	nd on the date stated above.
-1		220 SIGNATURE	_	ATTENDING	MED. STAFF	22b. DATE SIGNED
-1		22c PHYSICIAN'S	M D	22d ADDRESS	DIRECTOR PHYS X	9/18/67 Maryland —
		NAME (Type) C. H. Winnacott,	M. D.		ad State Hospid	_
N	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR G	REMATORY	23d LOCATION (City or Town) 1 (County) (State)
6		Bunia 9-21-67	Mt Calvany	Cometen	1 ANNE AMUN	delCo, md.
V		. FUNERAL DIRECTOR	ADDRESS	2Sa REVI	BY REGISTRAR 255 REG	STRAR S SIGNATURE
	6	Pardo 0.1 1) Parlo 1 1 24.21	E Aldrew S	SE INTESE	P 2 0 136V 124	leavely light

IN MONITIAL MENTERDING PHYSICIAN: The low remuires that the death certificate be executed within 2" hours ofter death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death the state of the prior to burial, cremation, or removal, and in any event, within 72 hours ofter death and the prior to burial, cremation, or removal, and in any event, within 72 hours ofter death and the prior to burial, cremation, or removal, and in any event, within 72 hours ofter death and the prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. Page I may bill retained by the hospital or attending physician. VR A15 (4) 25M 1/67



	Division of STATISTICA	L RESEARCH AND RECORDS, 301	W. PRESTON STREE	T, BALTIMORE, MARYLAND 21:	201
	13132	CERTIFICATE	OF DEATH		13136
	PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (W	here deceosed lived, if institution Resider and b. COUNTY Wic	nce before odmission)
	Wicomico GOTY OR TOWN (If outside corporate limits,	MARYLAND 1 c LENGTH OF STAY IN 16		ide corporate limits, write RURA, and giv	
	write RURAL and give negrest town)	C LEAGH OF THE WORLD	Salis		221
	d NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS	**	e IS RESIDENCE ON A FARM?
		meral Hospital	620 L	iberty Street	YES NO X
	NAME OF First DECEASED (Type or pnot) GEORGE	Middle CARLTON	LLOVD	4 DATE Month OF DEATH SECTEMBE	Doy Year 7 19 1, 7
5.	100	DIVORSED C	DATE OF BIRTH	9 AGE (In years if UNDER lost birthdoy) Months	Doys Hours Min
	USUAL OCCUPATION (G. ve kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	vember 18, 1 11. BIRTHPLACE (County &	State, or foreign country) TZ (I	TIZEN OF WHAT
	ainter FATHER'S NAME	Painting	Wicomico Co 14 MOTHER'S MAIDEN NA	unty, Maryland US	Α
15. {Ye	eorge Thomas Lloyd WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of serves War I	16. SOCIAL SECURITY NO. 17. 10. 17. 10. 17. 10. 17. 10. 17. 10. 17. 10. 17. 10. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	Sarah Jack MFORMANT 1rs. Edna J. 520 Liberty	son Lloyd (Wife) Street, Salisbury,	Maryland
	IB. CAUSE OF DEATH (Enter only one couse pe PART I DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)		7-4	rifact	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse	Interior	21/	,	
	lost.) (c)	Jan.	1446	WINDS ONE IN DADY 1/)	T19 WAS AUTOPSY
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT KELATED TO T	HE TEKMINAL DISEASE CONC	DITION GIVEN IN PART I(0)	PERFORMED? YES NO
CERTIFICATIO	20o ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Po	ort I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (Co	unty) (Stote)
	21. I certify that (1) (this haspital saw the deceased alive an	l) attended the deceased fram	geath accurred at	ta , 19 M, from causes and an 1	that (I) (we) last the date stated above.
	220. SIGNATURE	Smith M.D	. PHYS,	MED STAFF 22b D	ATE SIGNED
	NAME (Type) Dr. William	B. Smith	22d. ADDRESS 402 S. Di	vision St., Salisb	ury, Md.
230	BURIAL, CREMATION, REMOVAL (Specify) Burial Sept. 10,	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town) S Salisbury, Maryl	(County) (Store)

ADDRESS

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

250. REC'D BY DATE SEP

REGISTRAR

2Sb.

1967

ACLIANCES SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbom-papers. Pages 1 and should be filled with the State Dept. at Health prior ta burial, crematian, or remavol, and in ally event, within 2 haurs after deal Page 4 may be retained by the haspital or attending pllysician VR A15 (4) 20 M 1/64

24. FUNERAL DIRECTOR

TO HOIPITAL DR ATTENDING PHYSICIAM: The law ringuires that the direct certificate be executed within 21 hours ofter death



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13137 FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased yed funstitution; Residence before odmission) p. COUNTY o. STATE P.M3. Page State Department of Mar vland Wicomico and 3 to death. Wicomico delay c CITY OR TOWN (f guitside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits CLENGTH OF STAY IN 1b. write RURAL and give nearest town) ofter (Salisbury Salisbury d NAME OF HOSP.TAL OR INSTITUTION (If not in hospital, give street address)
Wicomico River e IS RES DENCE ON A FARM? d. STREET ADDRESS in Item 18. Give Pages 1, ir's Office along with farm 72 hours NO X 519 Lincoln Avenue Market & Camden Streets This certificate shavid be executed within 24 havrs after death 3. NAME OF DECEASED he 20 19 67 STANFORD LONG DEATH September (Type or print) WILLARD AGE (In years IF UNDER I YEAR 1F UNDER 24 HRS S SEX B. DATE OF BIRTH 6. COLOR OR RACE X 7 MARRIED **NEVER MARRIED** last b rthday) Days DIVORCED December // White Male evep 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -12 CT ZEN OF WHAT 11 BIRTHPLACE (State or fare an country) 10b K ND OF BUSINESS OR COUNTRY? INDUSTRY 20 Somerset County, Maryland USA Brick Mason Employee Buildina Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME in pencil File Mary Elizabeth Ross William Long Mrs. Mary Etta Long (Wife) 519 Lincoln Ave., Salisbury, Maryland IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO please execute the certificate, writing the ward "pending" i I director. Page 4 should be forwarded to the Chief Medical (Yes, na, ar unknown) (If yes give war ar dates of service) ar remaval, 188-10-1196 War II INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit ONSET AND DATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) its designated agent, priar to Page 4 should be 20a EXTERNAL AUSE WAS PR MARY ☐ ar CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY DESURRED (Enter nature of injury in Part I or Part I of item 18) FUNERAL DIRECTOR: Poge 3 should CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Day, Year Haur am factory, street, office bldg., etc.) Yaur Nat White at wark Inspection X, 21. 1 certify that I took charge of the remains described above, held an Autapsy [X]. and in my apinion Suicide _____, Undetermined manner death resulted from Natural cooses Hamicide Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health ar i Earl L. Royer, DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Address (Street, city, tawn, or county) NAME (Type) 409 Camden Ave Salisbury, Md. 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) 23a BURIAL, CREMATION, (County) 0 REMOVAL (Specify) Princess Anne, Maryland Sept. 23,1967 Beechwood Cemetery 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR DATE SEP 25 VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

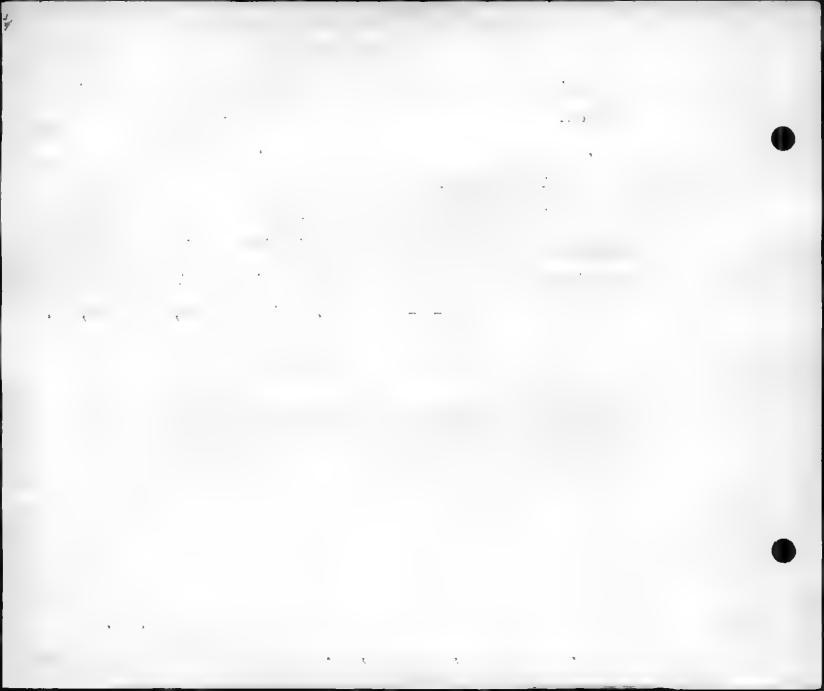


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13138

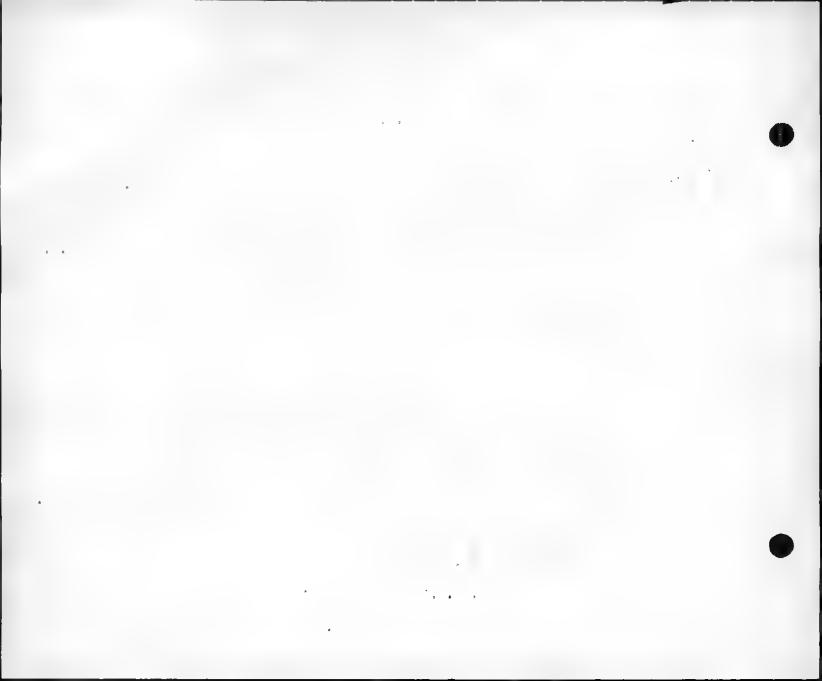
2 62					CEKIII	TCATE	OF DEATH			
the seath	1		ACE OF DEATH					Where deceased		Residence before admission)
で「記念		a	COUNTY Wicomico		MAR	YLAND	a. STATE	and	b. COUNTY	Wicomico
the contract of	-	b	CITY OR TOWN (If autside carparate lim	ıts,	c LENGTH OF STAY				limits, write RURAL	and give nearest tawn)
P P P P P P P P P P P P P P P P P P P			write RURAL and give nearest town)		10 year	23	Sharp.			2.01
hou n b rs.	_	d	NAME OF HOSPITAL OR INSTITUTION (IF	nat in haspital, i	a d		d. STREET ADDRESS			e IS RESIDENCE
that the deoth certificate be executed within 24 hours offer death an. by the ottending physicion and completely filled in by the fruce of the other propers. Pages 1, and consit permit. Then please remove capton papers. Pages 1, and cremation, or removal, and in any evert, within 72 hours attended the	2		415 W. State St	reet			415 W.	State	Street	ON A FARM? YES NOX
Mith:			AME OF CLEASED A CL	irst 44	Middle		Lost	4 DATE OF	Month	Day Year
olettely carbon			ype or pnnt) Annie Cl					DEATH		9/25 19 67
omp omp ive (- 1	s. <u>s</u>		7 MARRIED	NEVER MARRIE		B. DATE OF BIRTH			FUNDER I YEAR IF UNDER 24 HRS Nonths Days Hours Min
ond compression only even			emale white	WIDOWED		D L	4/17/188		05 yrs	
cion on		10a Jurin	USUAL OCCUPATION (Give kind af wark dan g mast af warking lite, even if retired)	e 106 Ki	IND OF BUSINESS OR IDUSTRY		13. BIRTHPLACE (County	& State or farei	ex Del.	12 CIT ZEN OF WHAT COUNTRY!?
physician physician en pleose ovol, and i	-	13.	Housework				14. MOTHER'S MAIDEN			0.071
ne deoth certifi ottending phy permit. Then I ian, or removal			Job Wincent				Mary Eli	anho th	4:11	
F E E			WAS DECEASED EVER IN J.S ARMED FORCES		SOCIAL SECURITY NO	17.	INFORMANT	zaveni.	Address	
ne deoth ortendi permit. ian, or r			no, or unknown) (If yes give war ar date:	of service)	13-50-8600	5 1	Irs. Julia.	Senhage	20 Shan	ntown Md
he off per ian,	F	7	1B. CAUSE OF DEATH (Enter only one co			1 27	sos, juca	7007030	20, 5700	INTERVAL BETWEEN
that the d an. by the oth ronsit perr crematian,		1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUS		aren	-our	Same	rack		ONSET AND DEATH
		-	- A	E TO A	^					
ysici yned med rial-			Canditions, if any, which gave	(b) U	ultrail	2 7	Kenn	heure		1804
requestion of the contract of			nse to immediate cause (a), { Stating the underlying cause {	E TO				-		
ding the			ost.	(c)						
The Lattern attent has to se os the principle of the prin	0	NO.	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	NDITION G VEN	IN PART 1(a)	19 WAS AJTOPSY PERFORMED?
AN: That or all or use the all the all that the all the all that the all that the all that the all the all that the all the all that the all that the all t	4	CERTIFICATION	AC. ACCIDENT MACHINERIUM C	Laav Dr	CONTRACTOR INTERVAL	ACCURDED.	ff-1	D-+ (D-+ (L = £ - 10 \	YES NO
CIA High signal High signal Hi	1		200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	200 01	SCKIRE MOW INJUKT (CCURKED.	(Enter nature of injury in	ren i er ren i	l at item 16.)	
rosp cer cher pt. c			(IF EITHER, NOTIFY MEDICAL EXAMINER)	7 204 1	NJURY OCCURRED	30- DIA	CE OF INJURY (Harne, farr	m. T 20f	(City or town)	(County) (State)
the this this deto		MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While	Not While		ary, street, affice bldg., etc.		CLA at tawn	(cocity) (signa)
by Stat		ł	21. I certify that (I) (this ha	וויאי ונו		from		195 to	dest 1	5-19-7, that (I) (we) la
R: A			sow the deceased alive on_	selt ?	4 1967	and tha	t deoth occurred at	7a M.	from couses on	d on the date stated abov
Short Short		ŀ	220 SIGNATURE		,			ALCD.		22b DATE SIGNED
DIRE DIRE		-1	N3/Cuchi	ma	w	M.E		DIRECTOR [STAFF PHYS.	9/26/67
TAL MAL D Pagge e file		ľ	22c. PHYSICIAN'S HS NAME (Type)	612	. "7		22d ADDRESS	1 tor	~ ~ ~.	
TO HOSPITAL Page 4 may TO FUNERAL idirector, page should be fill		22.	3 7 4	UEDEOL	1 22. MAN 05 (5)	ACTERN OR			TION (City or Town)	The state of the s
Page 4 O FUN directs		230	BURIAL, CREMATION, 23b DATE T REMOVAL (SOBCHY) 9/2	77/1967	Taylor		CKEMATURT		urptoun,	,
5-500	N-	24	FUNERAL DIRECTOR	// 170/	ADDRESS		2So REC	D BY REGISTRA	25b REGIS	TRAR S SIGNATURE
VR A15 (4)	K			1 8 500	Chanda	1			7	andre Juste



12130 Item #8 Film #33925 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

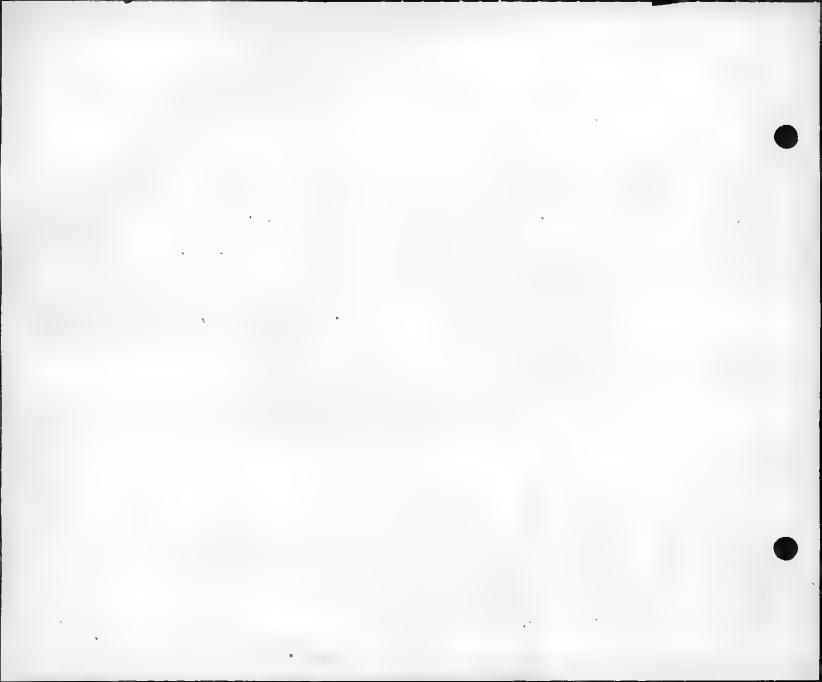
13139

FUR STATE				14122	TORE EXPANSION OF	CENTILICATE	OI DEATH		
HEALTH DEET.		PLACE OF DEATH	7.71				CE (Where deceased hy		esidence before admission)
× 2 0 0 ×	. '	YINLO	Wicomi	LCO	MARYLAND	o STATE	aryland	b. COUNTY	Wicomico
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ofter death 3. Give Poge along with t		NAME OF		ırst	Middle	Lost	4 DATE	Month	Doy Year
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tem 18. Give Poges Office along with for ond 2 with The Type r deoth		Male	White	WIDOWED		2/26/ 1/9 9	7/ 1906	61 yrs	
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within 24 pencil in caminer's le pages hours offe	13	FATHER S NAME	A	4 3 1		14 MOTHER'S MAIL	DEN NAME		
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e executed within 24 pending" in pending in ef Medical Examiner's sit permit. File pages nt within 72 hours offer		18 CAUSE OF DE	ATH (Enter only one co	use per line for	r (o), (b), ond (c).)	3 3 1			NTERVAL BETWEEN
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she H	MEDICAL	20c, TIME OF INJU 8:30 - 9.0	JRY Month Day, Year	1 114		ACE OF INJURY (Home, clory, street, office bldg	-4-1		(County) (Stote)
MEDICAL EXAMINER: leose execute the cert director. Poge 4 should etoined for your files. DIRECTOR: Page 3 shou To burio!, cremotion, o	25	pr	9/ LO 19	O / of wor	rk Ot work	ighway	DIAS		comico- IId.
Pograph, c		21. I certif			mains described above, h		, Inspection	, Inquiry	🔀 , and in my opinion
→ A ← (1) W =		death result	ed from Natur	al causes [], Accident 🖾, Su	icide 🔲, Homi		ermined manne	er 🗌
MEDICA pleose es I director. refoined I DIRECTO Dr to burit		ACTUAL	15 1.				CAL EXAMINER	,	22. DATE SIGNED
P P P P P P P P P P P P P P P P P P P		SIGNATURE	and	-/~	1	//// U	MEDICAL EXAMINER		
TO DEPUTY MED necessory, please the funeral direc 5 may be retain TO FUNERAL DIRE Health prior to b		EXAMINER'S NAME (Type)	Earl Ro	over. M	A, Salisbury	DEPUTY M	ED CAL EXAM NER Street, city, lown, or co.	unty)	9/18/67
mo FUI eo't	230	BURIAL, CREMATIC	N, 23b DATE TH		23c NAME OF CEMETERY OF			N (City or Town)	(County) (Stote)
0T		REMOVAL (Specify	9/20		Tvaskin Co	em -	Tyasl	cin, Hary	land
VO A SCHE CEN	24	FUNERAL DIRECTO		A	Tyaskin Co		REC'D BY REGISTRAR	2Sb. REGISTR	AR'S SIGNATURE
VR A15ME (5)		C 111	Wesse	4 B	ivalve, Maryla	ind DATE	SEP 2 0 19	367 Jel	contes Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 TSI CERTIFICATE OF DEATH

2 2000		CERTIFICATE OF DEATH
to Train		ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
requires that the death certificate be executed within 24 hours after death physician. signed by the attending physician and completely filled in by the function is build by the ottending physician and completely filled in by the function is build by the ottending permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in any exempt, within 72 hours after deem a burial, cremation, or removal, and in any exempt.		COUNTY Wicomico MARYLAND 0. STATE Maryland b. COUNTY Somerset
# # S# #		CITY OR TOWN (if outside corporate limits, c LENGIN OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write KUKAL and give nearest town)
hours aff n by the s. Page hours af		write RURAL and give negrest town Rural Princess Anne
completely filled in those corbon popers.		NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e is RESIDENCE ON A FARM?
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ithii on with		AME OF First Middle Lost 4 DATE Month Doy Year PECEASED To The Middle Control of the Control of
d v		ype or poort) JOHN MILLON MILLON MILLON DEATH LEST CONTROL OF 19 6/
de sa	S	lost hitthday) Months Boys Hours Mun
e deoth certificate be executed otherding physician and comple permit. Then please remove to on, or removal, and in any executed	1	Tale whome wild blooked April 10, 1891 /0 yrs
be on	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
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ifice ifice of,		FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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that the death certificate be on. by the attending physician or tronsit permit. Then please r cremation, or removal, and in	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Stewart Neck Rd.
offendi offendi permit.		Mrs. Irene Mohler, Princess Anne Md.
the a		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) NTERVAL BETWEEN ONSET, AND DEATH WAS CAUSED BY
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The atte	NO	PERFORMED?
AN: The	Ž	YES NO [
PHYSICIAN: e haspital or his certificate stoched for ur Dept. of Heals	CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
PHYSIC haspit is certification		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20r TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
_	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m 19 While of work
Se fa se		2) Leartify that (1) (this haspital) attended the deceased from 9-17, 1967, to 9-17, 1962, that (1) (we)
R ATTENI retained ECTOR: A 3 should with the		saw the deceased alive on 9-17 19-67, and that death accurred at 73-2M, from causes and an the date stated obo
AT S CLE SET S CLE		220 SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED
be re 3 ed w		M.D. PHYS. DIRECTOR LI PHYS. L
A Pile		PHYSICIAN'S NAME (Type) NEVIN W. TODD 22d. ADDRESS
OSP NEI Cror	230	BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Michael
Page 4 m O FUNERA director,	b	BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Princess Anne, Somerset
5 5 3		FUNERAL DIRECTOR . ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE
VR A15 (4)	N.	med Himman Princess Anne, Md DATE SEP 26 1967 June 1



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13141 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if 'nstitution, Residence before admission) a. COUNTY Vicomico MARYFAND by the f b CITY OR TOWN (if outside carporate imits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate Amits, write RURAL and give nearest tawn) write RURAL and give negrest town) SEAFORD RURAL Saliabury e IS RESIDENCE ON A FARM? completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Peninsula General YES NO L DATE NAME OF First Middle Lost Doy Year 3 OF DEATH DECEASED (Type or print) 9. AĞE IF UNDER 1 YEAR S. SEX NEVER MARRIED DATE OF BIRTH (n' years 6 COLOR OR RACE 7 MARRIED гетиауе 3 birthday) Months Doys Hours and in any DIVORCED and 10a USJAL OCCUPATION (Give kind of work dane 10ь. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY please ARPIDUTER DELAWARE GOVERNMEN 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or remavol, IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) FASOM MORGAN - SEAFORD INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ACINOM A IMMEDIATE CAUSE (a) 1657 DUE TO CWEEK S 1 BEINIA Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause attending be detached far use as the State Dept. af Health priar to has been last. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate by the hospital ar 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING (AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (County) (State) 20c. TIME OF INJURY Month, Day, Year (City or town) factory, street, affice bldg., etc.) Hour o.m. Not While at work at work 19 6 / that (1) (we) last 21. 1 certify that (1) (this-hospital) attended the deceased from be retained director, page 3 should should be filed with the 1967, and that death occurred at 43/4M, from couses and on the date stated above. sow the deceased olive an_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22 HYSICIAN'S Page 4 may NAME (Type) OXOM SALISBURY CENT 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL, CREMATION, DATE THEREOF (State) PLMOVAL (Specify) BLADES CEMETERY 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 SEAFURO OF DATE SEP

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

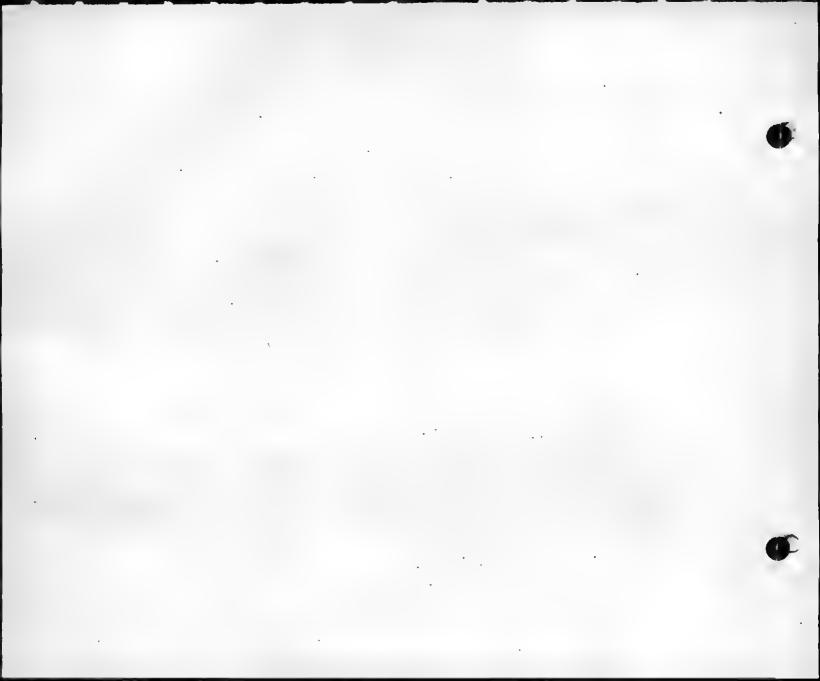
may

cessary, a funeral within 72 hours after death. O BEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executs the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 3 of Health or its designated agent, prior to burial, cremation, or removal, mn in any event

VR AI5ME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY
	WICOMICO MARYLAND DR aware Dussel
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS (e. 15 RESIDENCE
1	ON A FARM?
3.	NAME OF First Middle Lest 4. DATE Month Day Year
	(Type or print) David ALLEN Murray DEATH SEpt. 2 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Iast birthday) Months Days Hours Min.
	(MACL WIDOWED DIVORCED ALC 3, 1961 3 yrs.
du	D'A. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Salesbury, Manufacut (COUNTRY) 12. CITIZEN OF WHAT COUNTRY2 (COUNTRY)
13	3. FATHER'S NAME 14. MOPHER'S MAIDEN NAME
	allen W' Murray Keth Clun Townsend
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (16. Social Security No. 17. INFORMANT)
_	- 1 - 1 allen W. Murray - set aguil, as
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:
	8 13 4 IMMEDIATE CAUSE (6) - Fracture Skull & cerebral hemorrhage Las
	Conditions, if eny, which to
	geve rise to immediate (
	underlying cause lest. (c)
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
FICA	fract. If Take + Setula YES NO NO NO NO NO NO NO N
MEDICAL CERTIFICATION	PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. CAUSE OF DEATH. Cause of Death.
ICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour e.m. While Not white factory, street, office bidg., etc.)
MED	Gils +m 9-2 1967 at work at work R+113 + R+56
	/ 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
	ACTUAL 1/2 22. DATE SIGNED
П	DEPUTY MEDICAL EXAMINER Q 7 -67
-	NAME (Type) Ph. I. D. A. Tustey Address (Street, city, town, or county)
23	3a. BURIAL CREMATION, 23b. Offe THEREOF 23c. HAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2	4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
	Pichaed T Water Seely rell, Del DATESEP 6 1967 yellanlas Judges
I.E.	The state of the s



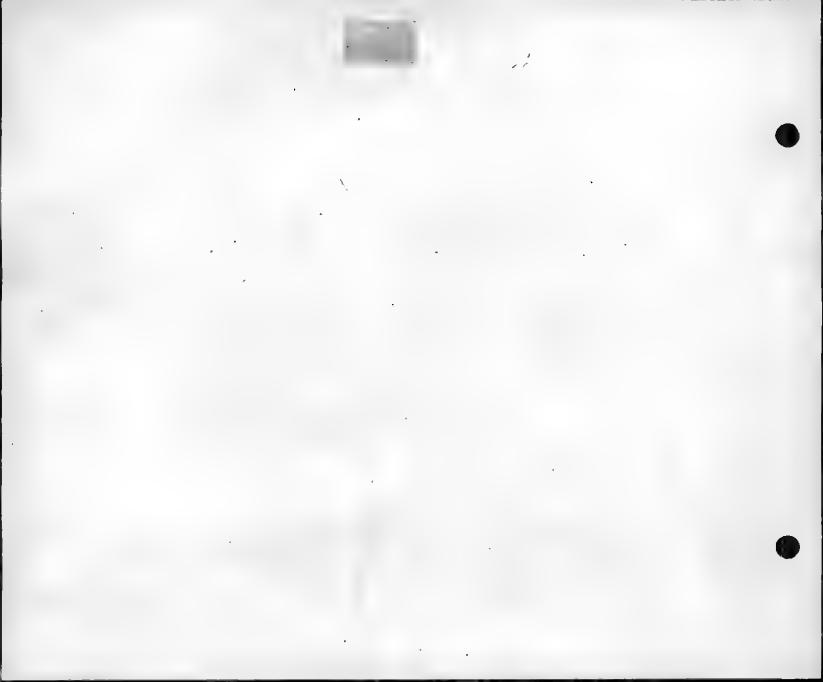
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13135

CERTIFICATE OF DEATH

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death		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 3. COUNTY 5. COUNTY 6. COUNTY
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thers.		d NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e 15 RESIDENCE ON A FARM?
executed within 24 hours after and completely filled in by the furement carbon popers. Pages 1 ony eyent, within 72 hours after	L	Peninsula General Hospital MAIN KOAD. YE NO M
iff Train		NAME OF 1 First Middle Last 4. DATE Month Day Year
nted with		Type or point) Tennie M. Parker DEATH September 17 1967
plete cart ent,	5	SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (/ yeors IF UNDER 1 YEAR 15 UNDER 24 HRS
e execute	F	Emple NEGRO WIDOWED DIVORCED Janes, 15- last birthdoy) Months Days Hours Min
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arte licitary and		FIFTIRED DENFOOD WORKER 1/17/1/2 17/5, A.
Sy do	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
that the death certificate be on. by the attending physician arronsit permit. Then please remation, or removol, and in		JOHN JOHNSON MARY JOHNSON
ren Ting	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / Address
mit or	(Ye	s, na, ar unknown) (If yes give war actions as service) UNKNOUN. TRESSIE DAVIS - WENCHE 21870 MB
attendi permit.	-	18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)
the sit		PART I, DEATH WAS CAUSED BY. ONSET AND DEATH
s that t cion. d by the tronsit		J. Introduction Code (6)
N'D TO TO		DUE TO
equires physici signed buriol-t buriol,		Conditions, if any, which gave (b) Atriac F. Brillation
red D S S S S S S S S S S S S S S S S S S S		
ding ding		les ARTERIOS cler ofic HEART Dis
e fe ten ss k os prié	-	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED?
AN: The of at or at icate he for use Health	CERTIFICATION	Diabetes Mellitur GANGren (4)/es Ampugation YES NO DE
He day	TFIC	20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
日本世界を	CERT	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
P che	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
he betod	VED ∖	Hour a m. While Not While factory, street, office bidg., etc.)
NG Y t Ter Tate	-	pm. 19 at wark at wark
A P P P P P P P P P P P P P P P P P P P		21. I certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we) last saw the deceased alive an
TE e Si de		
A B D 设施		220 SIGNAPURE 226. DATE SIGNED ATTENDING MED STAFF 226. DATE SIGNED
OR be r		MD. PHYS LI DIRECTOR LI PHYS LI
		22c. PHYSICIAN'S T 22d. ADDRESS
E S E		NAME (Type) I. FRANK HARIMAN
Poge 4 may O FUNERAL director, pag	23n	BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Poge 4 FUNE director should		Portunival (Specify)
5g 5 2	- 04	FUNERAL DIRECTOR POPULATION ADDRESS 1250, RECIDITARY DEAL SLAWD Som MA.
VR ATS	24	21/ D. Thinkson
20 M 1/66	L.	Leroy Velster anne med, DABFP wo ROLL



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death death, funerol puo 2 USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) PLACE OF DEATH o COUNTY completely filled in by the fur comico MARYLAND von popers Pages 1 within 72 hours ofter b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 dutside corporate limits, write RURAL and give nearest town? write RURAL and give negrest town) isbun e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS Peninsula YES X General Hospita NO NAME OF Middie DAT Year Losh Doy DECEASED OF DEATH 2 196 (Type or pnnt) S SEX YFAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (in years IF UNDER 1 7 MARRIED lost birthdoy) Months Doys Hours in or.y WIDOWED DIVORCED physiciop and 10b KIND OF BUSINESS OF 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working. INDUSTRY COUNTRY? ohdi 6 RLIN 13. FATHER S NAME MOTHER'S MAIDEN NAME cremation, or removal, 등 V.O attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or anknown) (If yes give wor or dotes of service IB. CAUSE OF DEATH (Enter only one couse per iner for (a), (b), and (c).) the signed by the buriol-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ottending physicion. DUE TO buriol, o Conditions, if any, which gove rise to immediate couse (a). **DUE TO** stating the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to hos been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO be retoined by the hospital or TO FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) factory/street, office bldg., etc.) Hour o.m. Not While of work of work 21 | certify that (1) (this hospital) attended the deceased from: and that death accurred at 10 2 M, from tauses and an the date stated above saw the deceased alive an 22b. DATE SIGNED SIGNATURE M.D. DIRECTOR 22d ADDRESS PHYSICIAN'S NAME (Type) Poge 4 may 23d LOCATION (City or Town) 230 BURIAL, CREMATION 236 DAJE THEREOF 23c NAME OF CEMETERY OR EXPMATORY (Stote) (County) SEMOVAL (Specify) 250. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS DATESEP **VR A15** 20 M 1



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer death

Page 4 moy be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1916? CERTIFICA	ATE OF DEATH	13145			
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution				
	(. COUNTY Wicomico MARYLAND	o. STATE b. COUNT	Wicomic o			
	ŀ	o. CITY OR TOWN (If outside carparate limits, c LENGTH) OF STAY_IN_1b					
			Mardela				
	,	Salisbury I. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e 15 RESIDENCE			
	Ì			ON A FARM?			
		<u>Peninsula General Hospital</u>	Rt. # 1	YES NO			
		NAME OF First Middle DECEASED	Last 4 DATE Month	,			
	[Type or print) LEADY NOV /E	TERMAN DEATH SEPIEM				
	\$ 5	6. COLOR DR RACE 7 MARRIED MEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years last birthday)	Months Doys Hours Min			
	,	MALE WIDOWED DIVORCED	Sept. 13, 1967 yrs	2			
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT			
	dun	ng most of warking life, even if retired) INDUSTRY	Sali sbury Md.	COUNTRY?			
	13.	FATHER S NAME	14. MOTHER'S MAIDEN NAME				
		Thurman Peterman	Nanev West				
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	17, INFORMANT Addres	S			
	(Ye	s, na, ar unknown) ((If yes give war or dates of service)		. 162			
ŀ	-	18. CAUSE OF DEATH (Enter only one cause per line for (o)_{b), ond {c).}	Nancy Peterman Fardel	NTERVAL BETWEEN			
		PART I DEATH WAS CAUSED BY	1 810-1	ONSET AND DEATH			
		760 5 IMMEDIATE CAUSE (a) 11/CYAN	131 SIEGUING				
	1	Conditions, if ony, which gove) DUE TO Present Alaxa					
		rise to immediate rause (a)	17 (1411 gms)				
		stating the underlying cause					
		(c)					
	×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	19. WAS AUTOPSY PERFORMED?				
) 7	200 ACCIDENT WAS UNDERLYING 2015. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 201 ACCIDENT WAS UNDERLYING 2015. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
	TIFI		RED. (Enter nature of injury in Part I ar Part II af item 18.)				
	Œ	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)					
	MEDICAL		. PLACE OF INJURY (Hame, farm, 20f. (City or town)	(County) (State)			
	M	Haur a.m. p.m. 19 While at wark at work	factory, street, affice bldg., etc.)				
		21 certify that (I) (this hasnital) attended the deceased from	n 9/13 1962 to 9/15				
		saw the deceased alive an 9/15 1967, and	and an the date stated above				
		22a. SIGNATURE		22b DATE SIGNED			
		allu Kalle	M.D. PHYS. DIRECTOR PHYS.	9/15/17			
		22c. PHYSICIAN'S	22d. ADDRESS				
		NAME (Type) ALFRED C. KOIS					
	230	BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City or Tow				
		REDVANSPORT 9/16/67 Spring Hi		R4 7			
	24	FONEBAL DIRECTOR / / ADDRESS	2So. REC'D BY REGISTRAR . 1-25b. REG	GISTRAR'S SIGNATURE			
1	1	Iller Whaley Sellrewelle De	l, DATE SEP 2 0 1967	Control Land			
1	i	see // face / seed your, we	UAIE VI				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the feneral director, page 3 should be detoched for use as the buriol-tronsit permit. Then please remove carbox-papess. Pages Kond should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 yours often de-VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13145 FOR STATE HEALTH_DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY Wicomico 2 Wicomico Marvland MARYLAND delay b CITY OR TOWN (if autside carporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and P.M3 Tvaskin State Depart IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS pencil in Item 18. Give Pages 1, forwarded to the Chief Medical Examiner's Office along with farm RFD RED NO [NAME OF Middle 4 DATE Frst Month Day Last with the S DECEASED OF GARNER G. POLK 19 (Type or print) DEATH S SEX 8 DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 MRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** ost bythday) Months Days Hours Male AA 1.--20--09 event within 72 hours after death. WIDOWED DIVORCED certificate shauld be executed within 24 hours pages land 2 11. BIRTHPLACE (State or foreign country) 12 CTIZEN OF WHAT 10a JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR during most of working life even if retired) _ INDUSTRY ~ COUNTRY 2 Farner 13. FATHER'S NAME 14 . MOTHER SMAIDEN NAME permit file 0, 3 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Cerebral hemorrhage, spontaneous MMEDIATE CAUSE (a) 331X writing the ward DUE TO any Conditions, if any, which gave rise to immediate cause (o), ⊑ DUE TO stating the underlying couse Ð and 05 nsed 19 WAS AUTOPSY PERFORMED? burial, crematian, ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) CERTIFICATION please execute the certificate, YES NO X pe shauld be 20a EXTERNAL CALSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18) 3 should PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH files, MEDICAL 20d Nu RY OCCURRED 20e PLACE OF INJURY (Hame farm, (City or town) ((county) (State) 20¢ I.ME OF .N., RY Manth. Dov. Year Hour a.m. factory, street, affice bldg., etc.) While Nat While may be retained for your FUNERAL DIRECTOR: Page at work at work Inquiry X. Inspection X. 2). I certify that I took pharge of the remains described above, held an Autopsy and in my apinion director, death resulted fram. Natural causes 😙 Undetermined manner Accident Suicide Hamicide CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral Royer. DEPUTY MEDICAL EXAMINER September 8, 1967 Earl Address (Street, city, town, or county) NAME (Type) 109 Camden Ave. alisbury, the the NAME OF CEMETERY OR CREMATORY BURIAL CREMATION LOCATION (Stote) 2 REMOVAL (Specify) 24 FUNERAL DIRECTOR **ADDRESS** VR A15ME

Bivalve, 11d.

Funeral

Home .

6M 1/67



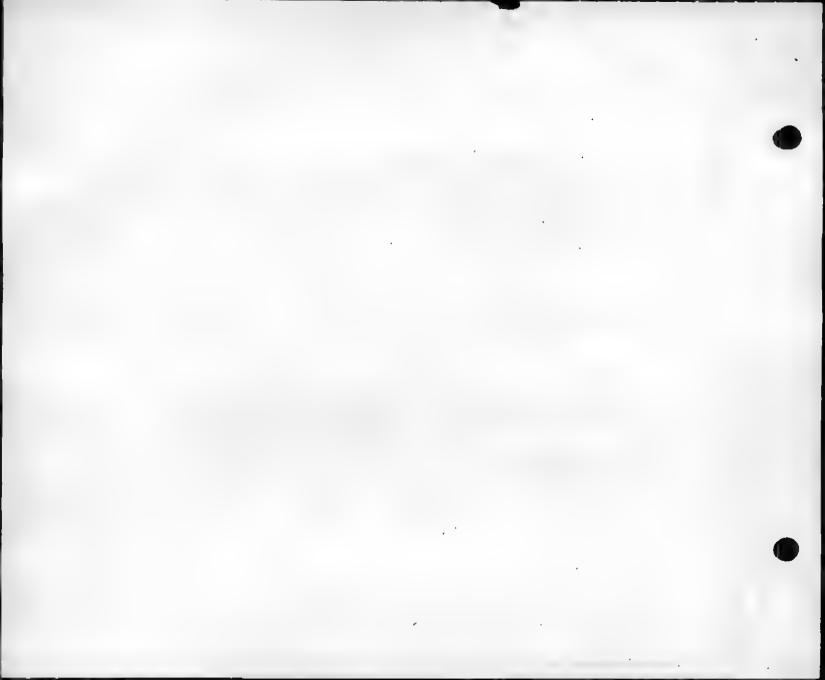
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	13143	CERTIFICATE	OF DEATH		13147			
	PLACE OF DEATH				tan: Residence before admission)			
	Wicomico	MARYLAND	o. STATE Mary 1	and b. COUR	Wicomico			
	b CITY OR TOWN (If autside carporate limits,	C LENGTH OF STAY IN 16		tside carparate limits, write RUE				
	write RURAL and give nearest town)		Salis	huese				
	d. NAME OF HOSPITAL OR INSTITUTION (If not a	n haspital, give street address)	d. STREET ADDRESS	por y	e IS RESIDENCE			
		neral Hospital	929 1	. Church Stre	et YES NO K			
3	NAME OF First	Middle Middle	Lost	4 DATE Mont				
	DECEASED (Type of print) EARL	LEROY P	aut	DEATH Septe	1			
5			B DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS			
10	nala White		November 20,	1894 72 birthdoy)	Manths Doys Haurs Min			
10a	. JSUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR		& State, or fareign country)	12 CITIZEN OF WHAT			
	ing most of working Lie, even if retired)	Vacuum Equip. Co	` '		COUNTRY?			
	FATHER'S NAME	Vaccion Equip. Co	14 MOTHER'S MAIDEN	MAME	USA			
1	Lee Prout			h Pardoe				
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17.			ess			
	is, no, or unknown). (If yes give war ar dates of s	ervice)	urs. Aga/may	Prout (Wife)	Anh			
	No		929 E. Churc	h Street, Sal	1 Sbury, Maryland A INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY ONET AND DEATH							
	IMMEDIATE CAUSE (a) COLLAR COL							
	Conditions if now which care >							
П	rise to immediate couse (a),		1 01	K)				
	stoting the underlying cause	arteriosclera	tici bear	ta) in on un) What			
	PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY			
CERTIFICATION	<u></u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P RFORMED?			
FICA	20g ACCIDENT WAS UNDERLYING □	205 OESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port Lor Port II of item IB.)	(Table 100)			
ERTI	OR CONTRIBUTING (C) CAUSE OF DEATH	200 OESERIBE 11044 HISBRIT OCCURRED.	frame and an infant in	TOTAL TOTAL OF HOME 10.1				
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, farm	, 20f (City or fown)	(County) (State)			
MEDICAL	Hour a.m.	While Not While fact	ory, street, office bldg., etc.)		(easin))			
	p.116	at work L at work L	Ma	to 1 10 stear	100 A A A (1) () 1			
		tal) oftended the deceased from	t death occurred at	AF75'	ond on the date stated above			
	sow the deceosed alive on	a day ond mo	T ded all occorred at	MI, HUIII (QUSES	22b. DATE SIGNED			
	220 3161411011	Markhow M.	D. PHYS	MED STAFF DIRECTOR PHYS	9/19/17			
	22c PHYSICIAN'S	The sales of the s	22d. ADDRESS	DIRECTOR L PHTS L	11/10/			
	NAME (Type)	s S G A RUNERJ	P WED	ICAL CENT	ER. JA-LISOURVA			
236	BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To				
2.41	Burlar Sept. 22			Salisbury,	, , , , , ,			
24	FUNERAL DIRECTOR	ADDRESS						
	HOLLOWAY & COMPANY,	SALISBURY. MARYLAN	ND DATESE	P 2 1 1967 256 RI	custos Juogo			

to Hospital or attending PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundirectar, page 3 should be detached far use as the bunal-transit permit. Then please remove carban-pagers. Pages 1 decepted then the State Dept. of Health priar to burial, cremation, or removal, and in any event for thin 74 hours after discount and in any event for thin 74 hours after discount for the state Dept.

VR A15 (4) 20 M 1/64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

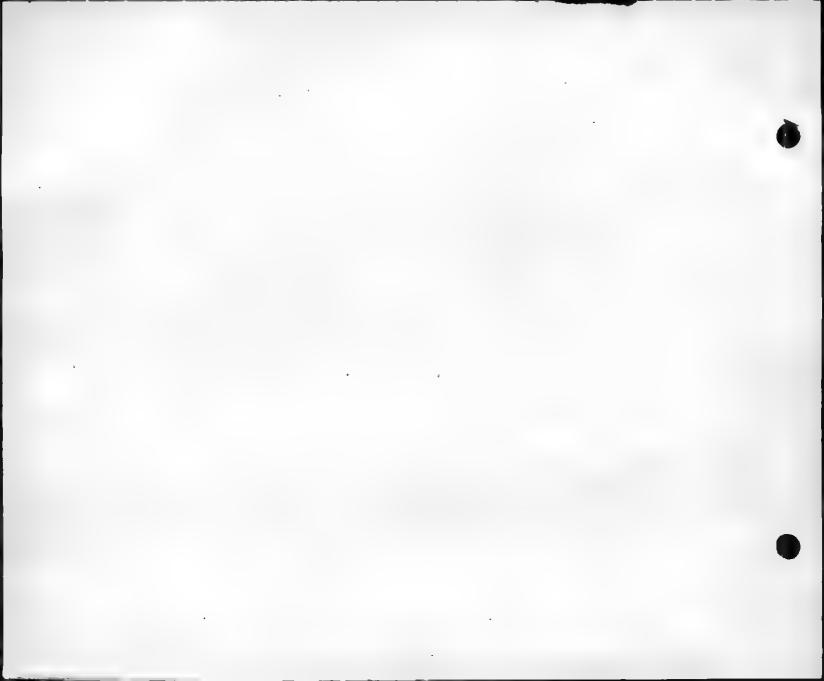
1314

CERTIFICATE OF DEATH

			44	-50
-7	Mar.	-2.	1.	5.7
- 1	20 %	-4	144	63

TURE 1				
を表演		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence	e before odmission)
\$0.00	(COUNTY Wicomico MARYLAND	o. STATE POLLER ACT 6. COUNTY	omico
he fu ges] afte		CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b	c. CITY OR TOWN of outside corporate limits, write RURAL and give	
y the f Pages urs afte		write RURAL and give nearest town)		,
by 11 Pac ours		partabuta	SALISBURY	
.S ×	(H. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
thin the state of		Peninsula General Hospital	18 Plaver Koad	YES NO NO
	3	NAME OF First Middle	Lost 4 DATE Month	Doy Year
campletely ave carbar y event, you	-	DECEASED	IN = D OF CITTERIAMO	18 1967
amplete ve carl event,	_	Type or pant) AT INERINE	8. DATE OF BIRTH 9 AGE (In years IF JNDER)	
ev e	5.5	The state of the s	lost highdoy) Months	Days Hours Min.
remave any ev		EMALE VEGRO WIDOWED DIVORCED	MAY 7-1922 45 VS	
and re-		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT	IZEN OF WHAT
an and i	duri	ng most of working life, even if retired) INDUSTRY 120MESF-C	PRINCESS ANNO	INTRY?
Sici,	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
y la		1/ 1/2	1. 10 Delt	
ottending physician and permit Then please ren an, ar remaval, and in ar	10	NORMAN COTTMAN	INFORMANT Address	
r re	(Ye	no or ninousn) life are mun unto or dates of tention	*	71 C 1
permit ian, ar r	,	220-01-1267 1	BENJAMIN RIDER 18PloyERTE	d DAIIS,
43		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
signed by the burial-transit burial, cremati		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Ure mia		30 MAND DELLA
Z in a constant		· · · · · · · · · · · · · · · · · · ·	14-2	~
al, al		Conditions, if ony, which gove) (b) Charle RV	leonephritis	fyr.
ng di		rise to immediate cause (a),		1
0 0 0		stoting the underlying couse DUE TO		
been s the ior to		lost. (c)		
has has has has has has	2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
	CERTIFICATION			YES NO X
certificate thed far u	FEG	20g ACCIDENT WAS UNDERLYING ☐ 20b, DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of Item 1B.)	
#### ####	ERT	OR CONTRIBUTING CAUSE OF DEATH		
P. P. P. C.	CAL ((IF EITHER, NOTIFY MEDICAL EXAMINER) 20r TIME OF INVIRY Month Day Year 20d INJURY OCCURRED 20e. PLA	ICE OF INJURY (Home, form, 20f. (City or town) (Cou	enty) (Stote)
this Dep	MEDIC	Hour o.m. While — Not While — for	tory, street, office bldg., etc.)	(3.0.0)
frer this certified be detached State Dept. of	2	p.m. 19 of work C		,
₹ å å		21. I certify that (I) (this haspital) attended the deceased fram	9-14, 1967, to 9-18, 196	🛂, that (I) (we) last
# <u># </u>		saw the deceased alive an 9-18 1967, and the	it death accurred at # M, fram causes and an th	he date stated abave.
Shaula shaula iff th		220 SIGNATURE		ATE SIGNED
DIRECT Willed W		(take) stilling in	D PHYS. DIRECTOR DIRECTOR PHYS. D 19	ferte >
<u> </u>		22c PHYSICIAN'S	22d ADDRESS	
A de la		NAME (Type)		
O FUNERAL DIRE director, page 3 >shauld be filed v	0.7	BURIA, CREMATION. 23b DATE THEREOF 23c, NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town)	(County) (State)
2 E E E	230	BURIA, (REMATION, REMOVAL (Specify) 9-24-67 ST. MARY'S B		1 1
2 5 7		S K S I I I I		Car and a
VR ATS (NEW)	24	A SECRET FRANKING	250. REC'D BY REGISTRAR 25b REGISTRAR'S S	IGNATURE
20 M 1/66	1	with D. Jolley Salisbury, HO.	DATE SEP 2 2 1907 ,,	110

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed mithin 24 III urs after death Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13145 13149 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY Wicomico Delaware MARYLAND Department b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest tawn) write RURAL and give nearest town) Laurel d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? should be forworded to the Chief Medical Examiner's Office along with form pencil in Item 18. Give Poges 1, DOA Peninsula General Hospital Route 3 YES NO NAME OF First Middle 4 DATE Month Doy Year DECEASED MURPHY RIDER **OF** 9-11-67 CLIFTON 19 (Type or print) DEATH F UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR NEVER MARRIED last Dirthdoy) Manths Dovs Hours White 7-25-28 ony event within 72 hours after death; Male WIDOWED DIVORCED pages lond2 10o LSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Delaware Farmer own farm USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cora Ellis permit File George H. Rider .⊆ 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service "pending" 3060 Irma R Rider, re Laurel, Delaware 220 24 no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) buriol-fronsit Sudden DEATH PART I DEATH WAS CAUSED BY Compound fracture of skull IMMEDIATE CAUSE (6) writing the word r16 4 DUE TO Canditions, if ony, which gove rise to immediate cause (a). ond in DUE TO 0 stating the underlying couse lost. nsed WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) cremotion, or removol, please execute the certificate, NO Z 20a EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURRED (Enter notize of injury in Part | ar Part |) of item 18.) 3 should PRIMARY TE or CONTRIBUTING Driver of auto involved in collision with another auto. CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month Doy, Year 20d NJURY OCCURRED 20e P. ACE OF INJURY (Home, farm 20f (City or town) (County) While -Nat While focton, street & Rt. 50 FUNERAL DIRECTOR: Poge Rt . nat While of work 9-11-6719 Wicomico Hebron Md. Inspect on [X]. Inquiry [X]. and in my opinion bur'ol, the funeral director death resulted from: Notural causes Accident X Su cide [Hamicide (Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER

Health prior to 900 A15ME (5) 6M 1/67

SIGNATURE

230 BURIAL, CREMATION,

Earl

Royer,

Ave.

Jalisbury,

MEDICAL EXAMINER:

delay

REMOVAL (Specify) Grn. Hebron Wicomico Md Spring 24 FUNERAL DIRECTUR 25b REG STRAR S SIGNAT 25a REC'D BY REGISTRAR Disharoon Funeral Home, Laurel, Del DATSEP

NAME OF CEMETERY OR CREMATORY

DEPUTY MEDICAL EXAMINER Address (Street, city town, or county)

23d LOCATION (City or Town)

September 15, 197

(County)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13148 13150 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. STATE b. COUNTY Wicemice Maryland MARYLAND b CITY OR TOWN (If outside carporote limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Betterton 2Mos. 1Day Salisbury e IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) Beer's Head State Hespital YES NO First Middle 4. DATE DECEASED (Type or point) ---Rollisen 19 67 Elsie Sentember DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Doys Hours Whi te Female March 28, 1894 WIDOWED X DIVORCED 12 CIT ZEN OF WHAT 100, USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 31 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired)
Housewife INDUSTRY Northeast, Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jones Elizabeth ---- Jones 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown). (If yes give war or dates of service) 16. SOCIAL SECURITY NO. Eleanor Stiely, 108 Cherry Lane. 222-05-9237 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: Lymphosarcoma (Terminal) IMMEDIATE CAUSE (o) DUE TO DUE TO {c} 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X

Conditions, if ony, which gove) rise to immediate cause (a), stating the underlying couse CERTIFICAT, ON 20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Dov. Year

Hour 'o.m.

206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20d INJURY OCCURRED Not While

at work \

9/11/67

20e PLACE OF INJURY (Home, form factory, street, office blda., etc.)

(City or town)

and that death occurred at 152M, fram couses and on the date stated above.

(County) (Stote)

YES T

of work

M.D

22d ADDRESS

, that (I) (we) lost

(Stote)

detached f te Dept. of I director, page 3 should should be filed with the

saw the deceased alive an_ 920 SIGNATURE

o. COUNTY

NAME OF

No

S. SEX

Charles H. Winnacott, M.J.

23b DATE THEREOF

21. I certify that (I) (this hospital) attended the acceased fram.

23c NAME OF CEMETERY OR CREMATORY

2018. Salisbury, Maryland

DIRECTOR

PHYS. Deer's Head State Hospita

9/11/67 19

(County)

230 BURIAL, CREMATION REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR

22c. PHYSICIAN S

NAME (Type)

1967 Lombardy Cemetery

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

250SPECP BY REGISTRAS 67 DATE

23d LOCATION (City or Town)

Wilmington, Delaware 25b REGISTRAR S SIGNATURE

VR A15 (4) 25M 1/67

The law requires that the death certificate be executed within 24 hours after death.

completely filled in by the tove carbon-papers. Pages y event, within/2 hours after

000

or removal,

signed by the burial-transit

certificate nos been

DIRECTOR: After this

OR ATTENDING PHYSICIAN:

HOSPITAL TO FUNERAL

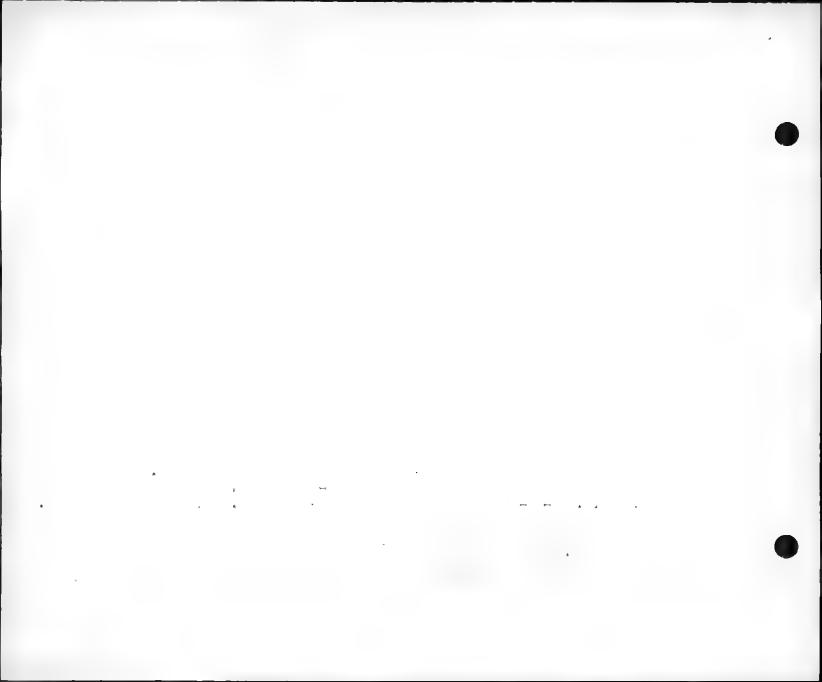
tor use os the t Heolth prior to b

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) D COUNTY Wicomico **b.** COUNTY o. STATE Mary land Wicomico MARYLAND c CITY OR TOWN (If outside carporate imits write RURAL and give nearest town) b CITY OR TOWN (floutside corporate limits, CLENGTH OF STAY IN 16 write RURA, and give necrest town)
Salisbury Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? hours Jersey & Waller Roads R.D.#2, Hickory Mill Road YES NO 24 hours ofter death 3. NAME OF First Middle 4. DATE DECEASED ROUNDS **JEAN** RUTH September 29 S SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In veors ¥ 7 MARRIED **NEVER MARRIED** ost birthdoy) Months Doys White Female. WIDOWED DIVORCED October 30,1937 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 6 during most of working life, even if retired) COUNTRY? NDUSTRY Key Punch Operator Jersey City, N. J.
14 MOTHER'S MAIDEN NAME USA e, writing the ward "pending" in penal in forwarded to the Chief Med col Examiner's 13. FATHER'S NAME This certificate should be executed within Fred Shufflebotham Ruth R. Richard IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Mr. William Theodore Rounds (Husband) (Yes, no, or unknown) (If yes give wor or dates of service) 222-24-9549 removal R. D. #2, Hickory Mill Road, Salisbury, Md. No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY SULLAND DEATH Crushed chest IMMEDIATE CAUSE (a) cremotion, DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS ALTOPSY PERFORMED? 0 200 EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of tem 18) Passenger in car involved in a collision. CAUSE OF DEATH 20d NURY OCCURRED Corner street of the street of (County) 20c TIME OF INJURY Month, Doy, Year ot work of work Highway-Waller Rd. Salisbury Wiconico Md. moy be retoined for your IUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autopsy [7], Inspection [7]. Inquiry [X]. and in my opinion the funeral director. F 5 may be retained fo TO EUNERAL DIRECTOR death resulted from Natural causes . Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE October 9 /1967 Heolth or Earl L. Royer, M.D. DEPLITY MEDICAL EXAMINER X EXAMINER'S NAME (Type) Address (Street, city, town, or county) 409 Camden Ave., Salisbury, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C tv or Town) BURIAL, CREMATION. October 3, 1967 Springhill Memory Gardens, Salisbury, Maryland 250 RECD BY REGISTRAR 9 256 REGISTRAR 5 SIGNATUR

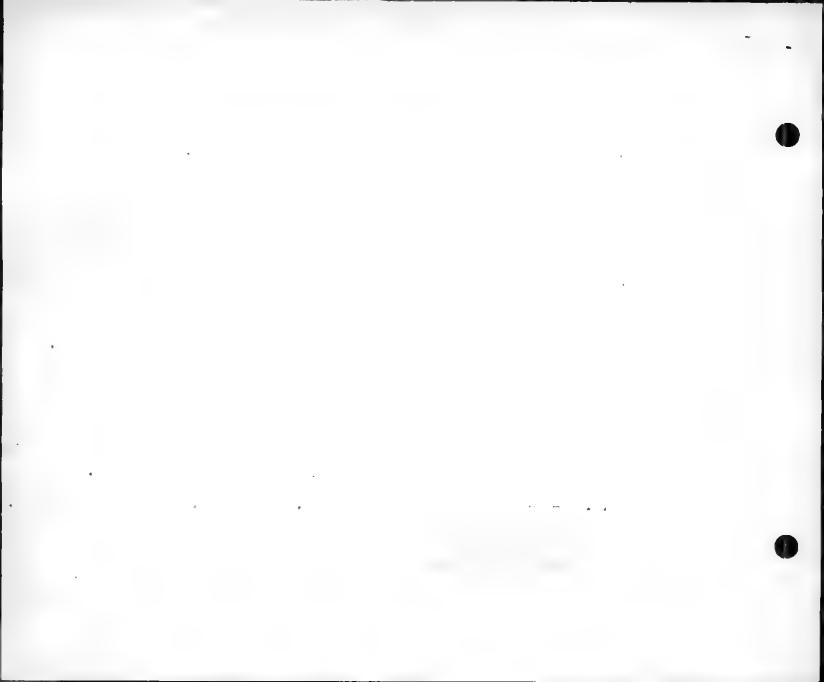
OCT 4 1967 Kilonley 24 FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15ME 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

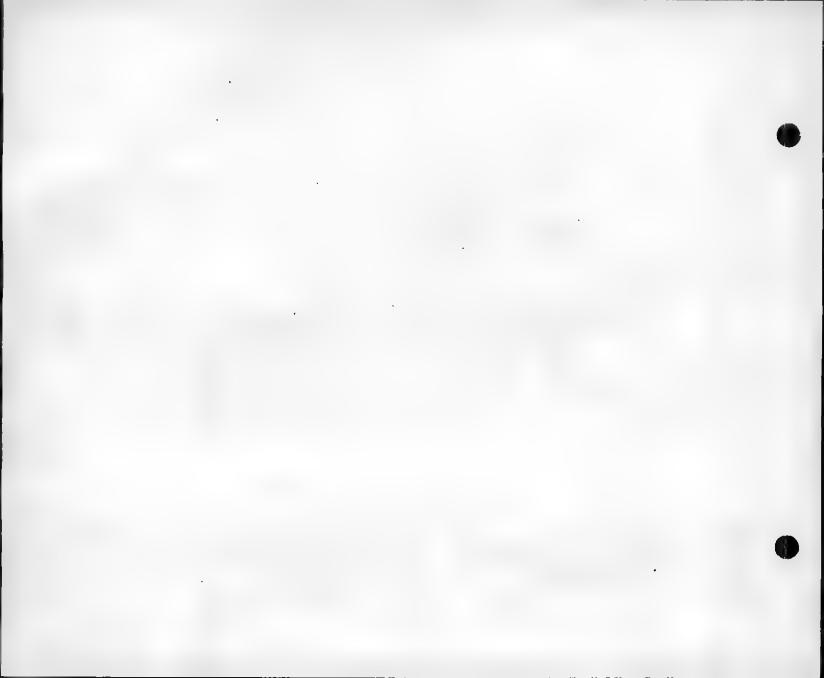


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE	13*48 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
EALTH-DERT.	1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)
~ c = 1 × c	o COUNTY Wicomico MARYLAND	o. STATE b. COUNTY
5 m & # 8	b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 16	Maryland Wicomico C TY OR TOWN (If outside corporate imits, write RURAL and give necrest town)
delay ond 3 M3. Po rtmen er deo	write RURAL and give nearest tawn)	
2, on PM3 PM3 portn ofter	Salisbury	Salisbury
3 E B S	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	ON A FARM?
S 0 0	Jersey & Waller Roads	R.D.#2, Hickory Mill Road YES NO
Pog Z	3. NAME OF First Middle DECEASED	Last 4 DATE Month Day Year
	(Type or print) SHIRLEEN (NMI)	ROUNDS DEATH September 29 19 67
Sive Sive Muth the within	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K	B. DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS
		September 16,1963
Item 18 Office 1 ond 2 event	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) - INDUSTRY	11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
noil in 1 noil in 1 noiner's (poges 1 in any	02 PM 400 02	Salisbury, Maryland USA
nin 24 ncil in niner's poges in any	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
G 0 5 6 5	William Theodore Rounds	Jean Ruth Shufflebotham
0		r. William Theodore Rounds (Father)
mit val	(Yes, no, or unknown) (If yes give war ar dates of service) No	D #2 Hickory Mill Dd Calist a Mil
ore should be executed if the word "pending" in a to the Chief Medical E o bur'ol-transit permit. E cremotion, or removal, a	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	.D.#2, Hickory Mill Rd., Salisbury, Md.
"per "per iief / insit	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
ould be evord "per ne Chief / ol-fransit ion, or re		1. nr 1/5 mi
snould e word I the Ch uriol-fra	Conditions of any which any >	
the water the water the the water the	rise to immediate couse (a)	
d the	stoting the underlying couse DUE TO	
fing ride os al, c	last (c)	
s cerritore s. e, writing the forwarded to used os o bu burial, creme	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED PRIMARY TO OCCURRED CAUSE OF DEATH	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
certificate, ould be fores. es. hould be unit of the	20o EXTERNAL CAUSE WAS 20b. DESCR-BE HOW WIJURY OCCURRED PRIMARY OF CONTRIBUTING	(Enter nature of injury in Port I or Port I of item 1B.)
intex: In the certifical should be files. 3 should be s	PRIMARY DO CONTRIBUTING	now in one impolant in collision
MINEK: the certif should refiles. e 3 should gent, prior		ger in car involved in collision. ACE OF INJURY (Home, form, 20f (City or town) (County) (State)
g = 4 7 9 9	20c. TIME OF INJURY Month, Doy, Yeor And While Not While To	ctory, street, office bidg, etc. sov Rd. at Waller Rd. Salishury Wicomico Md.
* # 5 × 2 p * *	O:115 P. PT. 9-29-07 OTWORK ON JUST	sey Rd. at Waller Rd. Salismiry Wicomico Md.
MEDTAL EXPLANTION OF THE PROPERTY OF THE PROPE	21 I certify that I took charge of the remains described above, h	
ed for self	death resulted fram Natural coules . Accident . Su	icide, Hamicide, Undetermined manner
meory pleose e: I director retained L DIRECTO	ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER
L D is	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED
o beroit in the funeral of 5 may be re o FuneRal of FuneRal of the of th	EXAMINER'S Earl L. Royer, D.	DEPUTY MEDICAL EXAMINER October 2 /1967
a the second	NAME (Type) 409 Camden Ave., Salisbury, Md.	
necessa the fun 5 may 10 FUNE	PEMOVAL (Specify)	(2004)
W//	Burial '' October 3, 1947 Springhill 24 FUNERAL DIRECTOR ADDRESS	Memory Gardens, Salisbury, Maryland
VR A15ME (6)	HOLLOWAY & COMPANY, SALISBURY, MARYLAN	
6M 1/66	TO TO THE PART OF	DO OCT 4 1967 Charles Judge



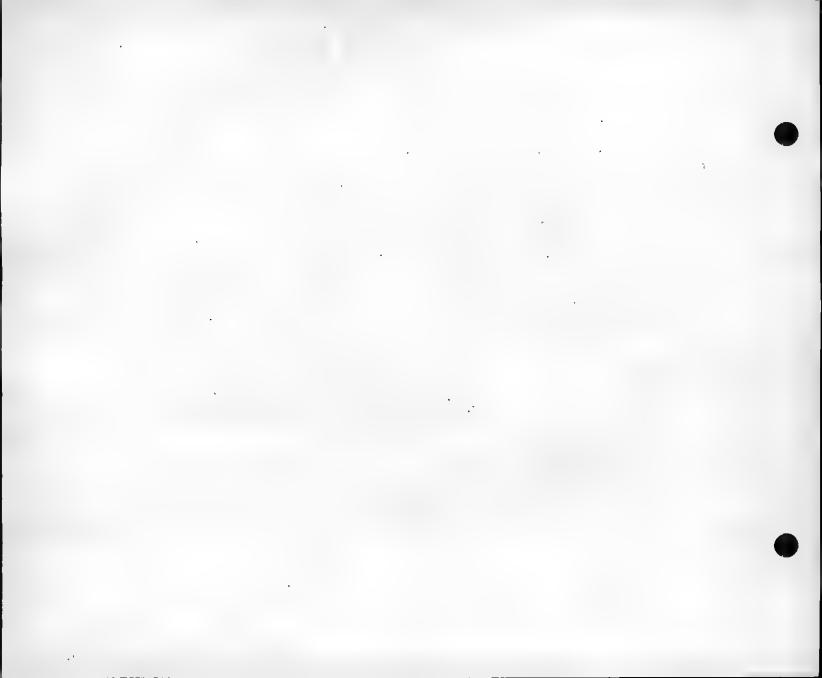
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH CERTIFICATE OF death Werd and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH **b** COUNTY o. COUNTY Wicomico MARYLAND 72 haurs after c LENGTH OF STAY IN 16 butside corporate imits, write RURAL and a ve nearest town) b. CITY OR TOWN (if outside corporate limits, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RES DENC d. STREET ADDRESS and campletely filled in remove tarban papers. ON A FARM? Peninsula General Hospital NO N YES within Middle Lost 4. DATE Year 3. NAME OF First OF DECEASED event, DEATH (Type or pant) 5. SEX AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours à de DIVORCED WIDOWED BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT USLAL OCCUPATION (Give kind of work done 10b OF BUSINESS OR and in a KIND MASS PERSON egge physician (2) 14 MOTHER'S MAIDEN NAME 13. FATHER 5 NAMI signed by the attending physi burial-transit permit. Then pi burial, crematian, ar remaval, IN U.S. ARMED FORCES? 17. INFORMANT (If yes give wor or dates of service) NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSP! AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. **DUE TO** Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be detached far use as the State Dept, af Health priarta has been last. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e, PLACE OF INJURY (Home, form, (City or town) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not While ot work at work 21 I certify that (I) (this haspital) attended the deceased fram. , page 3 shauld be filed with the and that death accurred a ... 288M, fram causes and an the date stated above saw the deceased alive an **DATE SIGNED** 22o. SIGNATURI **ATTENDING** DIRECTOR M.D PHYS 22d. ADDRESS PHYSICIAN NAME (Type) director, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or/Town) (County) (Stote) DATE THEREOF 230 BURIAL, CREMATION 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR 20 M 1



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3154 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY Viconico MARYLAND The low requires that the deoth certificate be executed within 24 hours after hours aft C LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, autishie corporate timits, write RURAL and give negrest town) write RURAL and give nearest tawn) 15 IS RESIDENC d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) completely filled in ON A FARM? Peninsula General NO 5 4 DATE NAME OF Middle Day Year remove carbon DECEASED signed by the attending physician and camplete buriol-tronsit permit. Then please remove, carl burial, cremotion, or removal, and in ony event. DEATH & (Type or print) AGE (In years birthday) IF UNDER 1 YEAR 6 COLOR, OR RACE DATE OF BIRTH MARRIED **NEVER MARRIED** Months Dovs Hours WIDOWED DIVORCED 12 CIT ZEN OF WHAT USUA, OCC. PATION 1G ve kind of work done KIND OF BUSINESS during prost of working the even if retired) 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME NOREDE 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor ar dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) ONSET AND DEATH PART I DEATH WAS CAUSED BY: CONVUSION NOXIA -IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physicion. DUE TO Conditions, if any, which gave mr-7ASTASIS 2 mcN rise to immediate couse (a) DUE TO stating the underlying couse be detached for use as the State Dept. of Health prior to has been COLON mon last WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO ASTASIS DIRECTOR: After this certificate ge 3 should be detached for us 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or fown) (County) (State) 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc) Haur o.m. Not While at wark 2]. I certify that (I) (this hospital) attended the deceased fram. 196 19<u>6.7</u> that (1) (we) last director, page 3 should should be filed with the 7, and that death accurred at 24/AM, fram/causes and on the date stated above. saw the deceased alive an 22g, SIGNATURE 22b. DATE SIGNED. MED DIRECTOR PHYS M.D. PHYS. 22d. ADDRESS 226 PHYS CIAN'S TO FUNERAL NAME (Type) 0/1/ BLOXOM (County) (State) 23a/BURIAL, CREMATION 2Sb. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2151 13155 CERTIFICATE OF DEATH campletely filled in by the funeral nove carban-pagers. Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) 1 PLACE OF DEATH o. COUNTY b. EQUNTY Wicomico MARY! AND LAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Sallsbury c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) 52 LI B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Peninsula General NS YES NO Hospital Middle NAME OF First 4 DATE Lost Doy Year DECEASED (11766 (Type or print) DEATH S SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6 COLOR OR BACE 7. MARRIED **NEVER MARRIED** remove lost birthdoy) Months Dovs Hours and in any DIVORCED WIDOWED gnd 10b KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working ife, even if retired) COUNTRY signed by the attending physician burial-transit permit. Then please burial, crematian, or removal and a **NOLSTRY** URSERVMA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or pringwn) (If yes give wor or dotes of service ROBERTS INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital or attending physician DUE TO Conditions, if ony, which gave nse to immediate cause (o), DUE TO stoting the underlying couse Mas been be detached far use as the State Dept. of Health prior ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 📈 TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work of work : 1962 to. 21 I certify that (1) (this haspital) attended the deceased fram. ., 19 6 7that (1) (we) last be retained shauld 1967, and that death occurred of 93M, from couses and on the dote stoted above. sow the deceased alive on. 22a SIGNATURE 22b. DATE SIGNED STAFF M.D. PHYS. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c PHYSICIAN S NAME (Type) Tedua 23o. BURIAL, CREMATION, 23b. DATE THEREO! NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Wo SEEN. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TE MOSPITAL OF ATTENDING PHYSICIAN: The law equires that the death certificate be executed within 24 hours after death. TO FUNIRAL DIRECTOR: After this certificate hos been signed by the ottenting physicion and completely filliad to by the funeral director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove carbon capels. Pages 1 and should-be field with the State Dept. of Health priar to burial, cremation, or removal, and in any event within 77 hours after debt. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

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	ACE OF DEATH				2 USUAL R	ESIDENCE (V	Where deceas	sed aved, if notifi-	utian Residenc	e befare adn	nission)
Q,	COUNTY Wi	comico		MARYLAND	A STATE	Maryl		P (O	UNTY _	erset	4
b	CITY OR TOWN (I	Fourside carparate imits,		c LENGTH OF STAY IN 16	c CITY OR T	OWN (If ou	tside corporc	ote limits, write R	URAL and give	neorest tow	n)
	write RURAL and	laive nearest town)		11 days		Princ	ess A	nne		/	72
d	NAME OF HOSPITA	AL OR INSTITUTION (If not	ın haspital, g	ive street address)	d STREET AL						RESIDENCE A FARM?
	De	er's Head S	tate H	ospital		Rt. #	2, Bo	x 260		YES [NO 🗍
DE	AME OF CEASED	Firs		Middle	Last		4. DATE OF	Ма	nth	Day	Year
(Τγ	rpe or prent)	EDN			SCOTT		DEATH	9		18	19 67
S SE)	X	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED 😿	B. DATE OF BII		9	last birthday)	Months 1	Doys Hai	MDER 24 HRS
	e F	X C	WIDOWED	DIVORCED	2/16/			64 yrs			
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	Lotired ATHER'S NAME				New 14. MOTHER	Jers			U	S A	
	Willia	m Sneneem					MAME				
		RINUS ARMED FORCES?	14.5	OCIAL SECURITY NO 17	Man	у 7		Add	lress		
(Yes, r	no, or unknown)	(If yes give war ar dates of	service)	1,4	Gari	1227	Th	ernten		Pe	
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		ATH (Enter only one cous H WAS CAUSED BY				L			-1.	8-9 IT	BETWEEN ND DEATH
	10/X	IMMEDIATE CAUSE (-,-	cinoma of lar				wer spin		0-9 1	nonths
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ri	ise ta immediat	e cause (a),	b)		-						
	tating the <u>under</u> ist.		(c)								
_ = 	PART II OTHER SIG			O DEATH BUT NOT RELATED TO	THE TERMINAL	D SEASE CON	IDITION GIVE	IN IN PART I(a)			AUTOPSY
ATIO										YES T	ORMED?
	On ACCIDENT WAS	UNDERLYING □ □ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRED	(Enter nature o	of injury in I	Part I ar Par	t II of item IB)			
	IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL S	Oc TIME OF No.	JRY Month, Day, Year	20d fN While		ACE OF NJURY (ctory, street, affic			(Cty or town)	(con	nty)	(State)
× _	p.n		at work	L at work							
	21. I certif	y that (I) (this hasp	ntal) attend	ed the deceased framS r 18 ₁₉ 67, and th	eptembe:	r_7.	9 <u>67</u> , t	·Septemb	erb 196	7, that (l) (we) last
	saw the de 22a. SIGNATURE	ceased alive on oc	ростое	1 10 19 OF, and in	at death acc	urred di	JOUR N	1, Iram causes		e date sto Tesigned	ated above.
	ZZU. SIGNATURE	111 11.	cl di	s. 6	ATTENDING		MED. DIRECTOR	STAFF DHYS.	- 0/	18/67	
-	22c. PHYSICIAN S	0,0 1,000	ul iv	-	22d AD		DIRECTOR	P813. L	5 -	ryland	t
	NAME (Type)	L. V. Mal	dve, M	. D.	Det	er's]	Head S	State Ho	spital	Sali	sbury,
	BURIAL, CREMATIC			23c NAME OF CEMETERY OF				CATION (City or 1		(County)	(State)
Bt	REMOVAL Specify	9/23/6	7	MtCarmel			Pri	ncess A	Anne, N	1d	
	FUNERAL DIRECTO			ADDRESS		2So REC'D	BY REGISTS	RAR 25b	REGISTRAR S SI		
Wil	lliam	H James J	r.Pri	ncess Anne,	Md	DAGEP	22	1967 "	ares	o Judy	12



CERTIFICATE OF DEATH

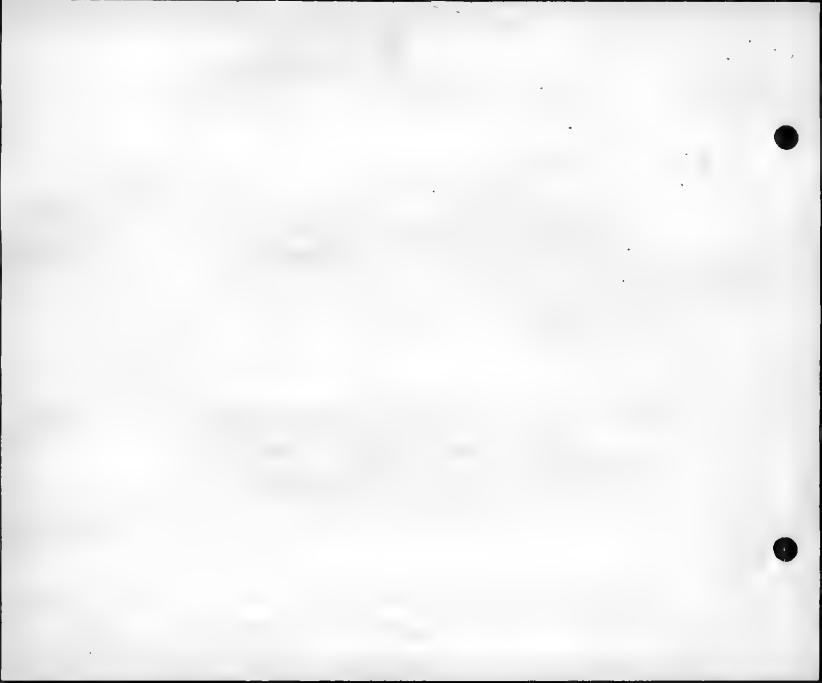
		PLACE OF DEATH			Where deceased lived, if institut on Resid	dence before admission)			
	0	VILCOLICO	MARYLAND	o STATE Mary	land b. COUNTY Wi	icomico			
	į	. CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 15		tside corporate limits, write RURAs and	give neorest town)			
		write RURAL and give nearest town)		Salis	sbury	1			
		SALLS DULY I NAME OF HOSPITAL OR INSTITUT ON (If not in hospi	tal and stand address)	d STREET ADDRESS		E IS RESIDENCE			
1	(412	ON A FARM?			
N.		<u> Peninsula Gener</u>		R.D.;		YES NO			
		VAME OF First	Middle	Lost)	4 DATE Month	Doy Year			
	_ (Type or print) BEULAH	LOUISE 🗠	ERMAN	DEATH SEPIEMBER				
	5 5	EX 6. COLOR OR BACE 7 MARR		DATE OF BIRTH	9 AGE (In years FUND tast, buthday) Month	DER 1 YEAR IF UNDER 24 HRS			
	12	EMALE / //hITE WIDOV	VED 🔲 DIVORCED 🔲 🗛	pril 24, 19	03 64 yrs Month	3 003 7.0013 7.111			
			b. KIND OF BUSINESS OR	11 BIRTHPLACE (County	& State or foreign country) 12	CITIZEN OF WHAT			
		ng most of working life, even if retired)	INDUSTRY	Hebron, Mai	ryland	COUNTRY? USA			
	_	FATHER'S NAME		14. MOTHER'S MAIDEN I					
		Sungat Marian Mills		Louise Ba	1104				
1	15	Ernest Marion Mills was deceased ever in u.s. armed Forces?	16. SOCIAL SECURITY NO 17., J			•			
	(Ye	s no, or unknown) (If yes give wor or dates of service)	213-10-8355 R	MFORMANT T. Lester C. Serman (Husband)					
	-			.D.#Z, Sali	sbury, Maryland	ANTERNA DE TIMES			
		1B. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:		Day Val	- 1/2-	INTERVAL BETWEEN ONSER AND DEATH			
		IMMEDIATE CAUSE (a)							
		DUE TO							
	- 1	Conditions, if any, which gove (b) (b)							
		stoting the underlying couse DUE TO							
		lost. (c)							
	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?			
	MEDICAL CERTIFICATION					YES NO X			
	먎	20o. ACCIDENT WAS UNDERLYING 20	b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Port 1 or Port II of item 18.)				
	ERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A						
	ਤ		Od INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	20f. (City or town)	(County) (State)			
	4ED1	Hour o.m.	Mhile Not While forte	ory, street, office bldg., etc.)					
	_		work at work	1-60	961, to 9-25,1	10 FT) that (I) fund her			
		21. I certify that (I) (this haspital) at	trended the deceased tram	donth accurred at	M, fram causes and a	19 <u>5</u>) that((1) (we) las			
		saw the deceased alive an	7 19 , dilu illui	dedin accorred di		. DATE SIGNED			
		220 SIGNATURE	500L	ATTENDING ,	MED. STAFF	95 (C)			
		wellow &	CERCIFE M.C	22d. ADDRESS	DIRECTOR LJ PHYS. LJ	73/			
1		22c. PHYSICIAN'S NAME (Type) Dr. Wilbur R.	Cilia le		Constant Salishu	eu Maeulandl			
'		Ut. WIIDUE K.			<u>Ceneter , Salisbu</u>	-T20			
	230	BUR-AL, CREMATION, 236 DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (Stote)			
1		Burial Sept. 2/,	967 Springhill M		ns Salisbury, Mai	ryland			
J	24	. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb REGISTRAR				
		HALLOWAY & COMPANY SAL	TSRIPY MARYLAND	DATE ST	P 2 8 1967 XCL	mes Jugges			

ond 2 ged 2 death.

á

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers—shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event with the

VR A15 (4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

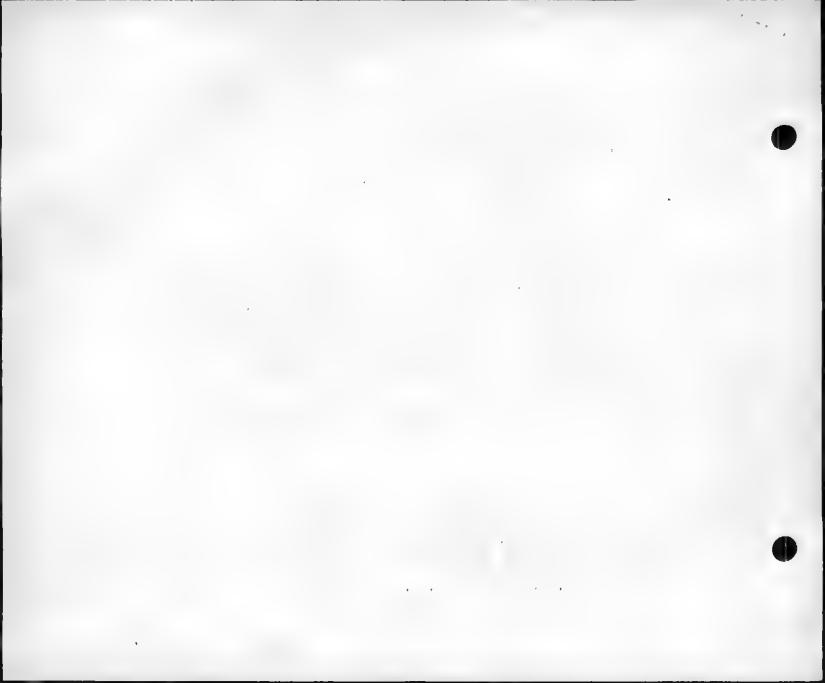
Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers Pages I and should be filed with the State Dept. of Health prior to buriot, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICATE	OF DEATH	13	158		
	CE OF DEATH COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived, if institution: Residen and b. COUNTY Wi	ce before odmissian)		
Б (1 v	ITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Salisbury	LENGTH OF STAY IN 16	c (ITY OR TOWN (If duts Salisbur	de corporate limits, write RURAL and givi	e nearest town)		
1	iame of Hospital or institution (if not in Deer's Head State Ho	, ,	d. street address Nomreh R	oad	e IS RESIDENCE ON A FARM? YES NO		
3. NAP		Middle	Shockley	4 DATE Month OF September	Day Year 12 19 67		
S SEX	W- 7 771 A 1		DATE OF BERTH June 22, 188	last birthdoy) Months	1 YEAR IF UNDER 24 HRS Doys Haurs Min		
during r Car	UA: OCCUPATION (Give kind of wark dane mast of warking life, even if retired) r penter	10b KIND OF BUSINESS OR INDUSTRY	Accomac, V	State, or fareign country) 12 Cl irginia	TZEN OF WHAT DUNTRY? Jsa		
Jol	thers name hn Shockley		14. Mothers Maiden NA Sereatha L	escallette			
15 W/ (Yes, no Yes	AS DECEASED EVER IN U.S. ARMED FORCES? o, or unknown) (If yes give war ar dates of sei S. War I.	vice) 16 SOCIAL SECURITY NO 17. I	Mr. W. C. Gr R.D.#7, Nomr	egory (Step-son) en Rd., Salisbury,	Mary1and		
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary failure						
Conis	Conditions, if ony, which gove is to immediate cause (a), stating the underlying couse DUE TO DUE TO Malnutrition and debility DUE TO						
NOIL	ART H. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION G VEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO EX		
	DID ACCIDENT WAS UNDERLYING TO R CONTRIBUTING TO CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Pa	rt I ar Part I of item 18)	1 10 10 10		
MEDICAL	Oc. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 19		E OF INJRY (Hame, farm ary, street, affice bldg., etc.)	2Dt (City or town) (Co	unty) (State)		
	saw the deceased alive on Se	n) attended the deceased fram	Aug. 30 , 19 death occurred at		he dote stated above		
1	220 SHORDLINE M.D PHYS DIRECTOR PHYS & 9/12/67 220 DATE SIGNED 221 ADDRESS						
		hell, M. D.	Deer's Head	State Hospital: (
R	DURIAL CREMATION, 236 DATE THERECOREMOVAL (Spenfy) Sept. 14,	1967 Parsons Ceme	tery	23d LOCATION (City or Town) Salisbury, Maryle			
	UNERAL DIRECTOR HOLLOWAY & COMPANY,	SALISBURY, MARYLAND	2SS EP	BY REGISTRAP 250 REGISTRAP 2	Judge :		



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

· / 34:		10100		CEKTIFICATI	E OF DEATH		13159
death seath		PLACE OF DEATH			2. USUAL RESIDENCE (When	re deceosed lived, f institut	ion. Residence before admission)
1 = 1		Wicomi		MARYLAND c. LENGTH OF STAY IN 16	Mary	12nd	Somersel
hours after a by the s. Pages haurs aft		o. CITY OR TOWN (if outside co write RURAL and give negre SSLISD	st tawn)	C. LENGTH OF STAT IN 10	Trinces	' A	RAL and give nearest town)
in b		I. NAME OF HOSPITAL OR INSTI		street oddress)	d STREET ADDRESS	4	e IS RESIDENCE ON A FARM?
nin 24 he filled in papers. thin 72 h			ula General		Linde	n Are	EXE YES NO D
ed within		NAME OF DECEASED ###	he/	D Middle	addons 4	OF Section	
completely gave carban y event, with	S			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In Years	IF UNDER 1 YEAR IF UNDER 24 HRS.
d down		emale who		DIVORCED 🔲	Sept 26/89	/ Jost Shittidoy)	Months Doys Hours Min
that the death certificate be executed within 24 hours after an. by the attending physician and completely filled in by thefricansit permit. Then please regrave carban papers. Pages, irrematian, ar removal, and in day event, within 72 haurs after	100 dur	USUAL OCCUPATION (Give kind on grant of working life, even if r	etifed) INDL	OF BUSINESS OR ISTRY	11. BIRTHPLACE (County & St	ote, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
physician en please oval, and i	13.	FATHERS NAME	TC 1		14. MOTHER'S MAIDEN NAM	E D	1 02.0
phy hen nova		Rufus	Powell		M0111	ie Cas	rex M
that the death certifi an. by the attending phy ransit permit. Then cremation, ar removal	15 [Ye	WAS DECEASED EVER IN U.S. AR? s, no, or unknown) ((If yes give	MED FORCES? 16. SO war ar dotes of service)	1.4	INFORMANT RI	Addr	11121
the death e attendi permit. tian, ar r		IR CAUSE OF DEATH (Enter	anly one couse per line for (a		s Warren Bl	oudsworth	INTERVAL SETWEEN
that if an. by the ransit cremat		PART 1. DEATH WAS CAU	SED BY DIATE CAUSE (o)	io carolia	I hopare	1 um	ORSEL AND DEATH
N :5 - 7 - 7		ゲメント Conditions, if ony, which gov	DUE TO	laninelen	the Grow	an ante	
equire physic signed burial		rise to immediate couse (o)	DILE TO	0.62-0-		10:	1. N.
law randing peen peen peen s the iarta		last.	(c)			poses	a represent
AN: The all ar atterior trate has for use a Health pr	AT ON	PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
ははませる	CERTIFICATION	200 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	RIBE HOW INJURY OCCURRED	(Enter noture of injury in Port	i or Port II of Item 18.)	
PHYS e has his cel stocke Dept.	MEDICAL	20c TIME OF INJURY Month, Hour o.m.			ACE OF INJURY (Home, form,	20f (City or town)	(County) (Stote)
ING by the ter the tate	W	p.m.	19 of worly	ot yvork	alal.	9/3	3/10/- 10-10/
END ned b ned b uld b the S		21. I certify that (I saw the deceased o) (this haspita) attende	d the deceased tram	at death accurred at	- 1 M	and an the date stated above
retair retair ECTO S sho with		22a SIGNATURE	a later	1	ATTENDING	D. STAFF	22b DATE SIGNED
y be re oge 3 giled w		22c PHYSICIAN'S		, N	22d. ADDRESS	ECTOR L PHYS L	
ERAL ERAL d be	L	NAME (Type) OSL	und Burto		Madical (enter 0	Alistury MARylan
TO HOSPITAL Page 4 may TO FUNERAL idirector, page	230	BURIAL, (REMATION, 2 REMOVAL (Specify)	3b DATE THEREOF	23 NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City or To	own) (County) /V (Store)
1.1.11	E/	UNERAL DIRECTOR	1/20/6/	ADDRESS	2So. REC'D BY	REGISTRAR JASH R	EGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH O STATE SERREXXEE Md. o. COUNTY **b** COUNTY Wicomico Bomerset MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give necrest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give pearest town) Rural, Princess Anne e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Peninsula General Hospital RFD #3 YES NO 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED DEATH SF (Type or print) 9. AGE (In years IF UNDER FYEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Davs Haurs Tan. 1888 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer & Produce COUNTRY? INDUSTRY Somerset Co. Md. 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Edward Smith Elizabeth Windsor 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs.Ann Smith.RFD#3.Princess Anne.Md.

IS. WAS DECEASED EVER IN U.S ARMED FOR CES? [Yes, no, or unknown] (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per ling for (p), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

ONSET AND DEATH

DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse last. PART-II OTHER SIGNIFICANT CONDITIONS COMMIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

(City or town)

DIRECTOR

(County)

(Stote)

WAS AUTOPS PERFORMED?

NO

(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year Hour a.m. 21. I certify that (1) (this hospital) ettended the deceased fram.

saw the deceased olive on_

20g. ACCIDENT WAS UNDERLYING [3]

OR CONTRIBUTING CAUSE OF DEATH

20d INJURY OCCURRED Not While at wark at work

1286 196

20e. PLACE OF INJURY (Home, form, factory/street, affice bldg., etc.)

Z. and that death occurred at 11 32, M, from causes and on the date stated above. 22b. DATE SIGNED

22a, SIGNAFORE PHYSICIAN'S NAME (Type)

23o BURIAL, CREMATION

23b DATE THEREOF 9/8/67

23c NAME OF CEMETERY OR CREMATORY St. Andrews

23d LOCATION (City or Town) Princess

(County) Anne; Somerset

FUNERAL DIRECTOR

ADDRESS Princess Anne, Md

22d. ADDRESS

25g. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

director, page 3 shauld should be filed with the

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. this certificate TO FUNERAL DIRECTOR: After

death.

requires that the death certificate by executed within 24 haurs after

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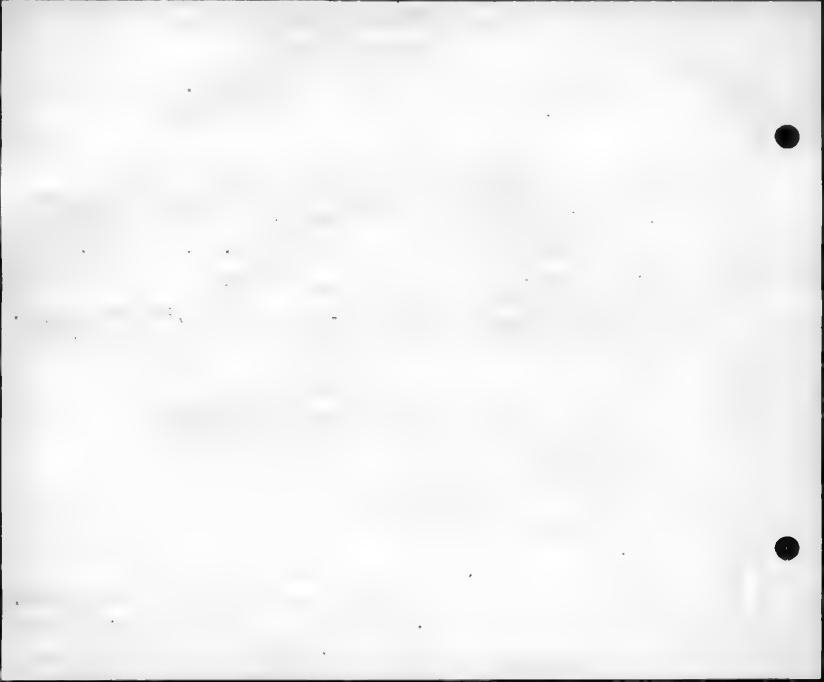
the attending

signed by the burial-transit s

the Health prior to has been

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TO HOLFITH OR ATTENDING PRYSICIAN: The May require that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

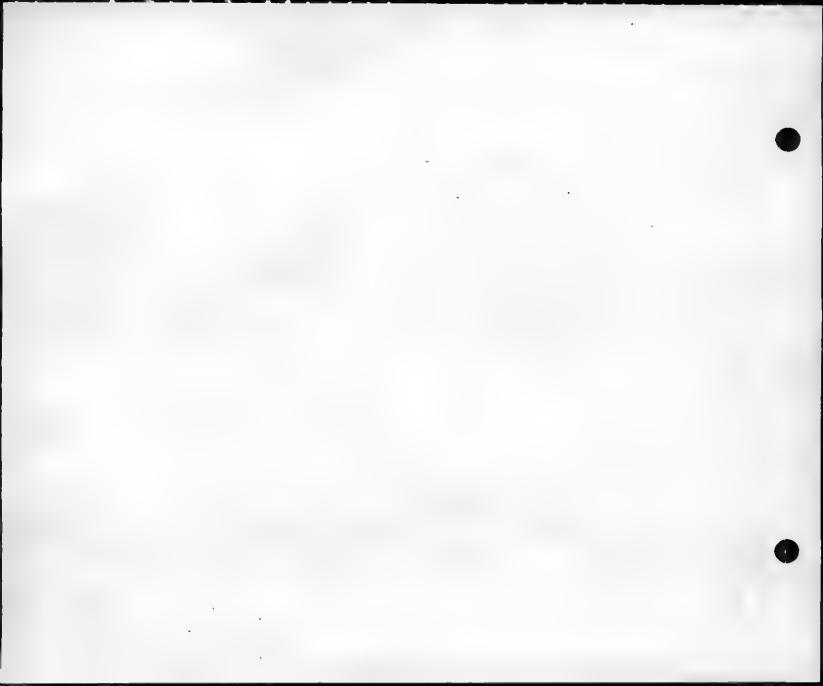
VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted, filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remarke carban papers. Pages for a should be filed with the State Dept. at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after the

MARYLAND STATE DEPARTMENT OF HEALTH

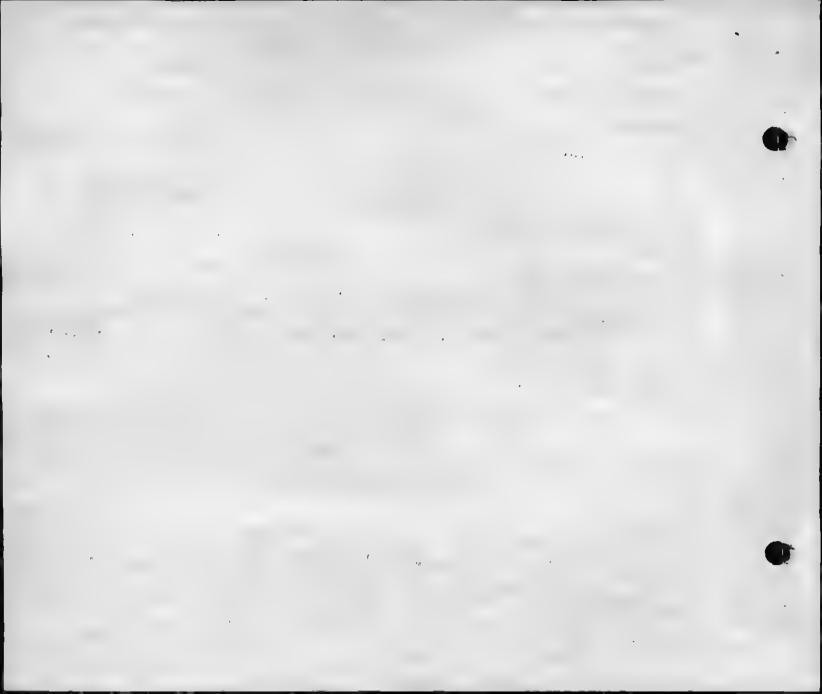
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	22154 CERTIFICATE	OF DEATH	13161
(o. COUNTY //icomico MARYLAND	2 USUAL DESIDENCE (Where deceased lived of institution of STATT) b. (COUNTY)	erad.
Sa	write RURAL and give nearest town) alisbury	c CITY OR OWN (If gytside corporate 2 mits, write RURA)	1
	Peninsula General Hospital	d. STREET ADDRESS	e is residence on a farm? yes \bigsim no \bigsim
- 1	NAME OF DECEASED (Type or print) PEAR L SEX 6 COLOR OR, RACE 7 MARRIED NEVER MARRIED NEVER MARRIED 8	Lest 4 DATE Month OF DEATH 5 17 F 17. DATE OF BIRTH 9. AGE (n years)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Da USUAL OCCUPATION (Give kind of work done uring most of) working life, even if retired) WIDOWED DIVORCED DIV	LI SUBJECTION (Country & State, or foreign country)	Manths Days Hours Min. 12 CITIZEN OF WHAT COUNTRY?
15	S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INF	14. MOTHER'S MAIDEN NAME REPORT BENEFORMANT	Mari
(Ye	Yes, na, ar unknawn) (If yes pro-wor or dates af service) 18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c)) PART I. DEATH WAS CAUSED BY.	Relias Caples	INTERVAL BETWEEN ONSEL AND, DEATH
	IMMEDIATE CAUSE (a) Canditrians, if any, which gave nse to immediate cause (a), stating the underlying cause lost (c)	angle part Care	en tenenaji
CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO
AL CERTIFICATION		nter nature of injury in Part I or Part II of item 18.)	
MEDICAL	p.m. I di work C di work C	OF INJURY (Home, farm, y, street, affice bldg, etc.)	(County) (State)
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 1921, and that a 22a. SIGNATURE	death accurred at	nd an the date stated abave
	22c PHYSICIANS NAME (Type)	22d ADDRESS	
230		meters allen	Mal.
24	24 FUNERAL DIRECTOR DIA ADDRESS		ISTRAR'S SIGNATURE

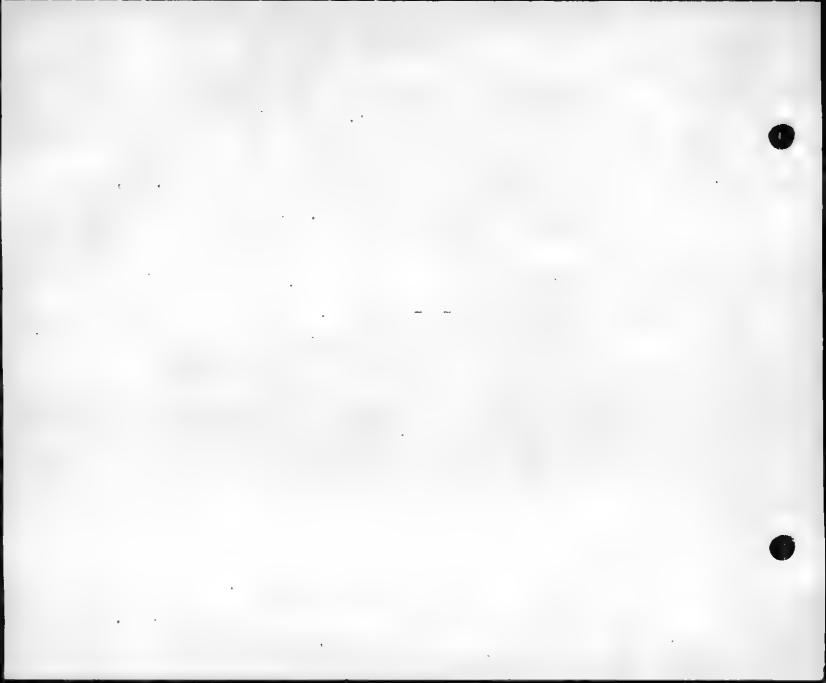


DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporete limits, Adm. In Id c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite,, give street address) d STREET ADDRESS ON A FARM? 530 Druid Hill Ave. Peninsula General Hospital YES NO 3. NAME OF Year Midde DECEASED 67 DEATH September 19 (Type or print) THOMAS 19 FLORFNCE ANFLLA 9. AGE (In years , IF UNDER I YEAR IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdey) Months White June 14, 1890 Female WIDOWED X DIVORCED [10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Accomac County, Virginia USA Housewife. 13 FATHER'S NAME 1.14. MOTHER'S MAIDEN NAME Malinda Ambert White Richard Thomas Marshall 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16 SOCIAL SECURITY NO 17 INFORMANT Mrs. Malinda E. Ennis (Daughter) (Yes, no, or unknwn) (Ifyesgivewerordelesofservice) 530 Druid Hill Ave., Salisbury, Maryland 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). eralized Carcinomatosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if env. which (6) gave rise to immediate cause **DUE TO** (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of item 18.) 2De. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH N/A HE EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour e.m. et work 22e SIGNATURE SIGNED DIRECTOR PHYS, FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Division St., Salisbury, Maryland NAME (Type) 226 Dr. Carrie Hearn , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) OFR Line Church Cemetery Whitesville, Delaware Burial 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 15M 7-62 HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE

MARYLAND STATE DEPARTMENT OF HEALTH

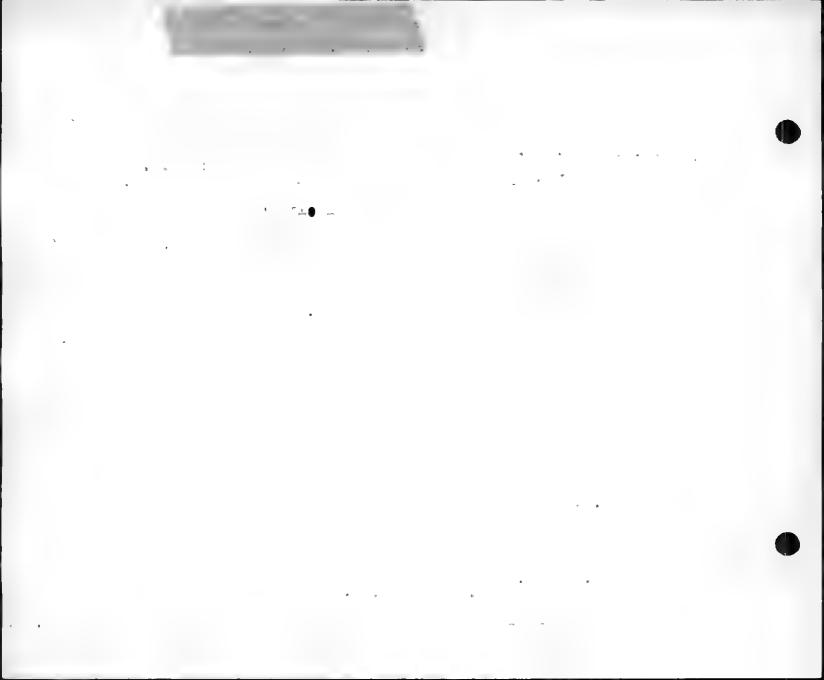


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY After this certificate has been signed by the attending physician and completely filled in by the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, state Dept. of Health prior to burial, cremation, or removal, and in any evert, withiny'z hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland wicomic o MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Willards willards Yrs 8. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES X NO _ D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. 4. DATE Month Oay Year NAME OF Middle Last First DECEASEO DEATH (Type or print) 19 Handy ubbs Lorenzo 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX OATE OF BIRTH 8. NEVER MARRIEO last birthday) | Months Hours MIn. Oays WICOWED Male OIVORGEO I 10b. KIND OF BUSINESS OR INOUSTRY 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT **COUNTRY?** IIS A Own Farm larvla no Rarmer MOTHER'S MAIOEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY CERTIFICATION 19. PERFORMEO? YES NO Z 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)_ (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work I FUNERAL DIRECTOR: Afficiently, page 3 should be should be filed with the Si 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 400 P.M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNEO 22B. SIGNATURE MEO. DIRECTOR STAFF M.O. PHYS. 22d. ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City/ town or county) (State) 23b REMOVAL (Specify) willards, 2 Hope 25b. REGISTRAR'S SIGNATURE VR A15 (4) OATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICAL RESEARCH AND RECORDS, 30	DI W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	19180 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
HEALTH DEPT.	1 PLACE OF DEATH o COUNTY WICOMICO MARYLAND	2 USUAL RESIDENCE (Where deceosed ved, if institution Residence before odmission) b COUNTY Virginia
y delay 3 t and 3 t PM3. Pagartme resister dear	b CITY OR TOWN (if outside corporate limits, write RURAL and give pagrest fown) Salisbury	c (ITY OR TOWN (1 outs de corporate limits, write RURAL and give nearest town) Virginia Beach 23455
H 11	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) D.O.A. —Pen.Gen.Hospital	d street address 4725 Lone Willow Lane o is residence On a farm? YES \(\sqrt{NO} \)
after death 18 8. Give Pages alang with far	3 NAME OF First Middle	TURNER DEATH SEPT. 12 19 67
haurs after death tem 18. Give Page Office alang with fi and 2 with the page	S. SEX 6. COLOR OR RACE 7 MARR ED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 9 AGE (In years ost, buthday) North Days Hours Min.
24 haurs in Item 11 r's Office es 1and2	100. USUAL OCCUPATION (G've kind of work done during most of working life, even if retired) Construction 10b KIND OF BUSINESS OR INDUSTRY	Lenoir Co., N. C. 12 CITIZEN OF WHAT COUNTRY? USA
within 24 h penal in the xaminer's O ite pages I a nd in any e	13 FATHER'S NAME John Turner	Sadie Barfield
		Mrs. Lucille W. Turner, (Same as 2)
be execute "pending" hief Medical ansit permit. or removal.	IB CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	INTERVA. BETWEEN ONSET AND DEAD
should be e he ward "per ta the Chief I burial transit matian, or re	Conditions if any, which gove) (b) Carallel &	elia minte
s certificate should e, writing the ward farwarded ta the Ch used as a burial tra burial, cremation,	rise to immediate couse (a), stating the underlying couse (c)	
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES X NO
编号 高温	PRIMARY TO CONTR BLTING CAUSE OF DEATH	(Enter noture of injury in Port or Port II of item [B]
N 9 5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	ACC I ME OF INJURY Month, Doy, Yeor 20d. INJURY OCURRED 20e P. While 2:15PastM. 9/129 67 of work of work Running	ACE OF INJURY (Home, form, 20f ffty or town) (County) (Stote) octory street affices (sec) Wally Tall Accoma
MEDICAL EXAM please execute th director. Page 4 retained for your DIRECTOR: Page is designated age	21, 1 certify that I taak charge of the remains described above, t	neld an Autopsy . Inspection . Inqu'ry . and in my apiniar icide . Hamicide . Undetermined manner .
EPUTY MEDICA ssory, please ex- funeral director. ay be retained. INERAL DIRECTOR.	ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER M D ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
10 DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your 10 FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S Dr. Earl L. Royer Aname (Type-409 Camden Ave. Salisbury, Md.	
TO DE THE TO FINANCE HEAD	230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O PINELAW IN ADDRESS	Park Kinston Lenoir N. C
VR A15ME (5) 6M 1/66	24 FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY SALISBURY, MAR	YLAND DATE SEP 18 1967 25b. REGISTRAR'S SIGNATURE

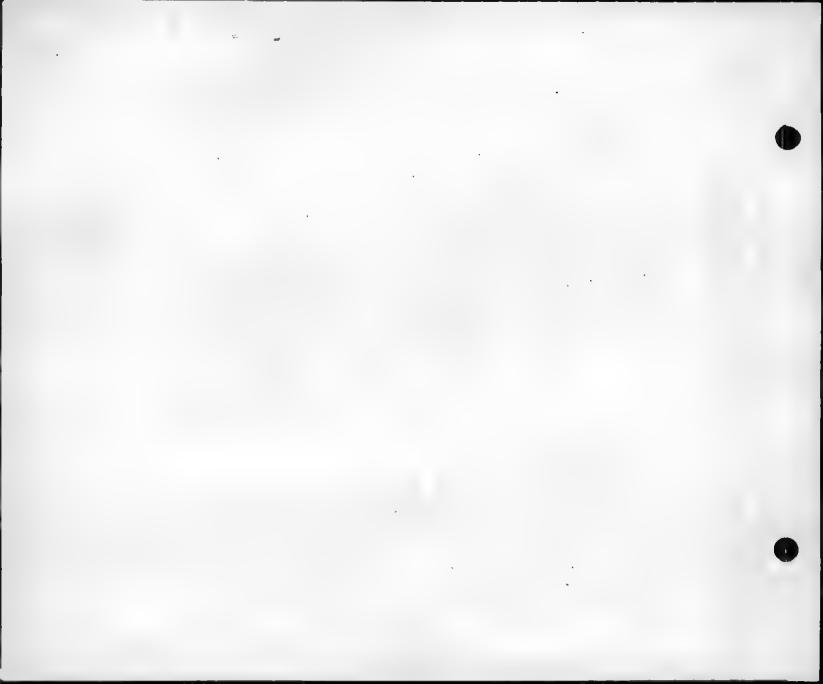


MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 316 CERTIFICATE OF DEATH hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH b COUNTY, o. COUNTY Vicomico MARYLAND filled in by the for c. LENGTH DF STAY IN 1b CITY DR TDWN (W outside corporate limits, write RURAL and give nearest town) mquires that the dmath certificate by exemited within 24 haurs aft b CITY OR TOWN (If outs de carporate limits, e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 4SPR4 General Hospital NO & Middle 3 NAME OF First 4. DATE Month Doy DECEASED WARNER (Type or print) SEX AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 6 CDLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Months Doys WIDOWED DIVORCED and in any remi gue 12. CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) eose COUNTRY? HOUSEKEPIE + 14. MOTHER'S MAIDEN 13 FATHER S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, ar removal, Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, orunknown) (If yes give wor or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: Th≡ faw ≡quires thu Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause be detached for use as the State Dept of Health prior to has been last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO this certificate 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. PLACE OF INJURY (Home, form, (Stote) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. While Not While of work at work ____, ta , that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. director, page 3 shauld should be filed with the M, fram causes and an the date stated above. and that death accurred at saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS DIRECTOR M.D. 22d **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 4GH 230 BURIA KREMATION 23c NAME, OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) (County) (Stote) DATE THEREO REMOVAL (Specify)

2Sb. REGISTRAR'S SIGNATUR

TO FUNERAL DIRECTOR: After VR A15 (4) 20 M 1/66



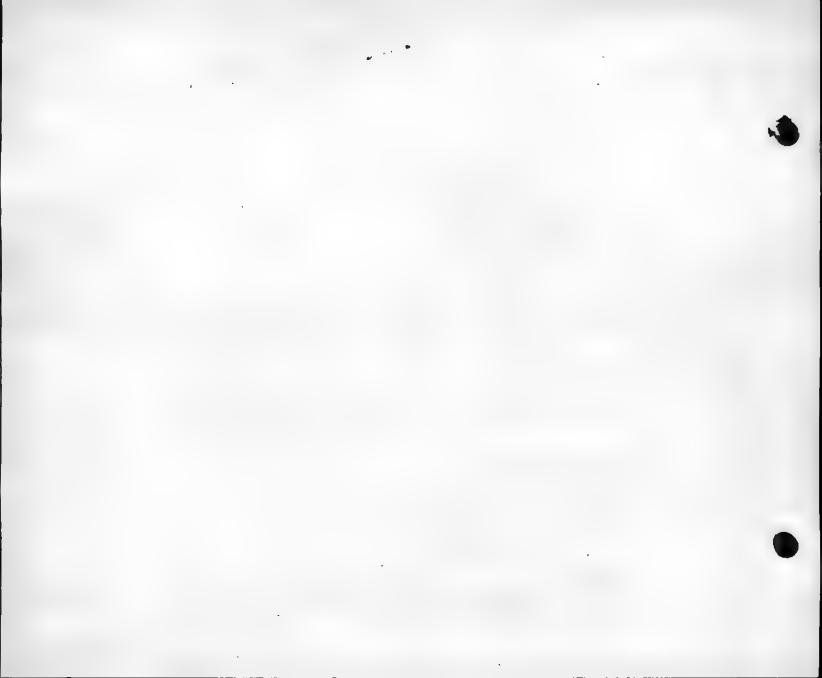
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 tems #2a, b, cod, cert. ph
CERTIFICATE OF DEATH hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY o. STATE Wicomico b. COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside caragrate limits, write RURAL and give nearest town) write RURA, and give nearest town) Jesterville Bullibury B IS RESIDENCE ON A FARMS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS requires that the death certificate be executed within 24 YES NO Peninsula General Hospital NAME OF East Middle Last 4. DATE Year DECEASED OF DEATH Twin II 2 Dto w Dek and in any event, (Type or print) 46 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER I YEAR lost birthday) Days Hours 2 NOR TERMI DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, at foreign country) during most of working life even if refired) INDUSTRY COUNTRY? 100m 16.0 13 FATHER'S NAME 14" MOTHER'S MAIDEN NAME signed by the offending physi buriol-tronsit permit. Then pl buriol, cremotian, or removol, offending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PARY I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be refained by the hospitol or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse os the prior to l hos been lost. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be detached for use State Dept. of Health NO O FUNERAL DIRECTOR: After this certificote 20g ACCIDENT WAS UNDERLYING [3] 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day Year Hour o.m. foctory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this haspital) attended the deceased fram. 19____, that (I) (we) last . to ploods 19 6 7 and that death accurred at 3 19 M, fram causes and an the date stated above saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. director, page stoold be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d - LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) ×12 24 FUNERAL DIRPCTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S'SIGNATURE

196

VR A15 (4)

20 M 1/66 V



COMPANY, SALISBURY, MARYLAND

24. FUNERAL DIRECTOR

HOLLOWAY &

VR A15 (4) 20 M 1/66 25a, REC'D BY REGISTRAR

DATE SEP

25b. REGISTRAR'S SIGNATURE

Charles

And the second of the second o

4-10-14